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THE PRIVATELY ENDOWED MEDICAL SCHOOLS

Their Present and Future Financing

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Americans are used to crises. They have survived several in recent years. But because in a democracy national action depends on mass understanding, we attack our crises almost too late. This is particularly true when the issue develops slowly and insidiously. It is easier for the nation to unite in the face of a dramatic Pearl Harbor or a polio epidemic than before an emergency in national health.

How can there be an emergency in national health? Judged by business standards the members of the medical profession should be in a prosperous state, for their services were never in higher esteem, greater demand, expanding more rapidly or paid more highly. Yet such a crisis exists.

Part of it centers in the high and increasing cost of medical care to the patient. That is a great problem, as yet unsolved. But we recognize its existence, and we approach solutions—though not as rapidly and courageously as we should. That issue concerns all of us, but its solution will not really meet another part of the emergency—the one which is my subject today.

That crisis lies in the training of physicians to provide medical care for the people of our nation. That training in proper quality and numbers depends on the prosperity and quality of American medical schools. Financially their situation is desperate.

STATEMENT OF NINETEEN UNIVERSITY PRESIDENTS

Desperate is a strong word, but its use has good authority. Nineteen presidents of universities with leading medical schools said in a joint statement issued last March:

> The present provisions for ensuring a continuing supply of well-trained physicians are inadequate. They are inadequate because the medical schools which provide that supply are inadequately supported in terms of future needs. Few if any of the seventy recognized medical schools in the United States can be confident, with present resources, of maintaining in the future their programs at the essential high level.
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> Over the past fifteen years private support of medical education has not been regularly maintained. Three or four medical schools came perilously near to closing during that period. Many medical schools were forced to abolish certain teaching positions; to reduce teachers' salaries and important medical services; to restrict promising research; to make very heavy demands upon the time and energy of doctors, nurses and hospital staff; and to forego normal growth and improvement.

What have been the results? I offer a few illustrative examples. "Although our battle casualties were thirty to forty per cent psychiatric in World War II, there are not five medical schools in the United States with departments of psychiatry adequately endowed." "There is hardly an exemplary department of dermatology in the country." "Industrial medicine, preventive medicine and medical sociology remain undeveloped for lack of funds and trained experts. The organization and development of pharmacological teaching languishes for lack of support, and tropical medicine, so obvious to our recent and future responsibilities, remains relatively unexplored."

These are matters of quality and content, but there is also a grave question of quantity. Conservative estimates, based on present demands, place the number of physicians required by 1960 as about 225,000. At present rates of output, retirement and death, only 210,000 physicians will be available at that time.

The nineteen university presidents concluded:

> Unless existing conditions are quickly changed, medical education will decline in quality, and medical research will falter. . . . We warn our fellow citizens that without their prompt and generous aid our medical schools, through their graduates, cannot be expected to safeguard the future of American citizens and their children.

That statement was almost out of date when it was written, and is wholly inadequate now, so rapidly have costs risen in the last two years. It is no longer a question of funds to expand medical schools, but of finding funds to maintain them as going concerns. Before expansion must come needed financial provision to enable medical schools to maintain their present quality and numbers.

Our medical schools are attached to our universities. If universities are hampered by lack of funds, then their medical schools suffer. Let us therefore glance at the position of universities in 1948.

POSITION OF UNIVERSITIES IN 1948

In 1946-1947 university students were paying 26 per cent, and the government, on account of veterans, 30 per cent of total expenditures (United States Office of Education 1946-1947). Most of the balance in private institutions is met from endowment income, which has decreased. If enrollments remain at present levels and government funds are withdrawn as veterans' education rights come to an end, higher education will be short by an additional 30 per cent the amount needed to meet total expenditures. But this is only another straw on the back of an overburdened camel. "G. I. Bill of Rights" tuition payments to higher education have not paid the full cost of instruction of veterans. They merely created a new problem, and their cessation will create another one. Beneath those problems lies the basic one that revenue is inadequate to need.

Estimates of the additional income which higher education requires above its pre-war needs run as high as 200 per cent (Seymour Harris). It is true that endowments have increased over the past twenty years, but those increases are misleading. At face value they seem notable additions, sufficient to provide added income for the expansion and improvement of higher edu-

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cation. But increased costs, lower rates of income on investments and the decreased purchasing power of the dollar offset, and sometimes more than offset, these additions to capital.

The situation of Harvard, America's richest university, is typical. Between 1928-1929 and 1945-1946, Harvard's endowment increased $68,000,000, or about 66 per cent. Yet the goods value of its income from endowment in 1946 was no greater than the goods value of its endowment in 1928-1929, and in addition Harvard's endowment in dollars—depreciated dollars—per student in 1946 is only 66 per cent of the endowment per student in 1928.

EFFECT ON MEDICAL SCHOOLS OF WEAKENED UNIVERSITY FINANCES

The effect of weakened university finances is already painfully felt in their medical schools, since medical schools are not adequately endowed and must depend on general university funds. As Dean W. C. Davison of Duke University Medical School stated in his 1947 report:

> All medical schools are having difficulty in providing the bare necessities for adequate instruction and for the training of personnel. The present salaries of instructors, nurses, technicians and secretaries are not meeting the increased cost of living.

A highly authoritative survey as yet unpublished and therefore confidential in source reports: "More than 25 medical schools need assistance to reach accepted minimum costs of adequate operation."

Even the federal government has come to recognize the situation. The report of the President's Scientific Research Board, headed by John R. Steelman, dated October 1947, states:

> Most medical schools, especially those without State funds, are facing the prospect of reducing their training programs, or even—in a few instances—of closing altogether. Expansion is out of the question, unless substantial support is forthcoming . . . at a time when expansion of both (training and research) is vitally needed. An even more acute financial need exists in the graduate schools for basic sciences. Thus the training grounds for medical investigators—the very roots of medical progress are threatened.

In considering this problem it is important to distinguish between medical care and medical education. The two are of course inseparable and mutually dependent, but they are different functions, and adequate support for one does not necessarily mean adequate support for the other. In the case of medical care, the chief problem is to reduce its cost to the average patient. But the cost of medical education cannot be appreciably reduced if quality of training is to be maintained. Indeed, that cost is likely to mount still higher, as each year adds to the scientific knowledge which a medical student must acquire. The solution in medical education is not primarily to reduce costs but to acquire funds to meet almost irreducible costs. A reduction in costs of care to patients and a reduction in costs of hospital operation would help the cause of medical education, but would not in themselves greatly reduce costs of medical instruction.

But at this point it is pertinent to suggest that medical schools should promptly study every one of their functions to discover whether instructional costs may be reduced without loss of quality. The New York Academy of Medicine recently pointed out that "there has been no fundamental reorganization of American medical education since 1910."

Such a study should be made, though I doubt that its results would produce economies. I have observed that every time a faculty studies its program, it emerges with a new program at higher cost. But the study might show how teaching efficiency could be improved. Certain traditional functions and methods might be found to have lost their original values if scrutinized in the cold realism of 1948.

Those medical schools which do not live on tax money are in the most difficult position. The iconoclast might ask: "Why not let private medical schools die of starvation and depend on the tax-supported schools? Why is the continued prosperity of private medical schools important?"

PRIVATE SCHOOLS LEADERS IN MEDICAL EDUCATION AND RESEARCH

The answer lies in the record. The private schools have been, and still are, the leaders in medical education and medical research. Their independence of state control has been an important factor contributing to their leadership. Without them the state university medical schools themselves would suffer, but the medical profession and the public would suffer even more.

Of the total crop of M.D. degrees conferred between 1930 and 1940, between 60 and 66 per cent came from privately endowed institutions. Of students currently enrolled in accredited medical schools between 60 and 66 per cent are in private medical schools.

So much for the past and current contribution of the private schools to the production of physicians. How great is their contribution to medical research? Recently I asked two medical authorities this question: "Approximately what part of the distinguished advances in medical research over the past decade have come from graduates of privately endowed medical schools?"

Dr. Alan Gregg and Dr. Willard Rappeleye, reporting separately, agreed that 80 per cent of our significant advances in research have come from graduates of private medical schools. This record is an adequate answer to those who would let the private medical schools decline.

In presenting the importance of private medical schools I do not lack appreciation of the state-supported medical schools. Some of them have demonstrated that an educational institution can receive large public funds and still maintain high qualitative performance and freedom from political interference. But I remind you of the topic assigned to me—the privately endowed medical schools.

HOW MUCH IS NEEDED

Accepting the need for greater funds, how much is needed? This is not a question easy to answer, since universities have difficulty in separating clearly the cost of actual instruction from the cost of their teaching hospitals and the cost of their research, and no one can say with certainty exactly what part of the cost of a teaching hospital, or of the cost of research, should be assigned to medical schools as absolutely essential to medical education. But one can offer estimates.

The budgets of the seventy-seven medical and basic science schools for the academic year 1947-1948 exceed $43,000,000, and, generally speaking, this figure does not include costs of patient care in teaching hospitals, or plant maintenance, or general university administration, or research grants from foundations, industries and governments. Therefore the figure is too low, but let us accept it for working purposes.

Of that amount student fees provide less than $12,000,000, or 28 per cent, and expenditure per student per year ranges from under $2,000 to over $5,000. The remaining 72 per cent must be derived from other sources.

Research grants from external sources, though large and usually of educational value, do little or nothing to relieve the actual costs of medical instruction.

In its study entitled "Medical Education and the Changing Order" (1946), the New York Academy of Medicine stated that "the medical schools of this country will need to double their budgets for teaching and research by 1960." No authority that I have consulted thinks that estimate excessive. All things considered, I believe that medical schools now need about $40,000,000 more per year. This is less than the amount estimated by the New York Academy, but I believe that our schools need that amount now. They cannot wait until 1960.

How much is $40,000,000? It is about 1/6,000 of our gross national income. It is about 1/1,000 of the federal budget which Mr. Truman has asked for 1948. It is 1/5 of what Americans spend annually on vitamin pills, often to no advantage whatever. It is less than 4 per cent of what Americans spent on jewelry in 1946; it is less than 1 per cent of what Americans spent on recreation in 1942, and less than the receipts from forty-five horse racing tracks in 1939. Nationally speaking, it is pin money.

If this $40,000,000 were all capitalized into endowment yielding 4 per cent, the needed endowment would be $1,000,000,000, still only 1/40 of our proposed federal budget for 1948. But since the $40,000,000 estimate includes the budgetary needs of the state-supported medical schools, which operate primarily on tax money, the billion for endowment can be reduced accordingly. The state schools turn out between 34 and 40 per cent of the annual crop of M.D. degrees. Reduce the $1,000,000,000 for endowment by 34 per cent and $660,000,000 is left, which compares with the $689,000,000 separately arrived at by Dr. Donald G. Anderson, Secretary of the Council on Medical Education and Hospitals of the American Medical Association, as the endowment now estimated as needed by the private medical schools. The two figures are so close that one can accept them and say $680,000,000.

So private medical education needs either $680,000,000 for endowment or some $30,000,000 annually. Endowment is preferable, but because of the large amount needed one should look to annual gifts to supplement whatever endowment can be secured. If these are the necessary goals, how can one reach them?

PRIVATE SOURCES OF FUNDS

Speculation on the sources of further income is a familiar game to university people. It is easier to list the possibilities than to make them reality. First consider the chances of large additions to medical school endowments.

The present endowments possessed by medical education have come chiefly from two sources. One of those was large gifts from philanthropic foundations interested in medical education. The hope of further large additions from this source is remote. Few if any foundations now favor the policy of making large gifts from capital sums, and thus in a few years distributing their assets and ending their usefulness. And the total income available from all such foundations probably does not exceed $4,000,000 per year, less than 1 per cent of needed endowment and only 10 per cent of the annual need of medical schools. Foundations are probably wise in devoting most of this income to the temporary stimulation of unusually promising or pressing research problems. They must be eliminated as major contributors to the future cost of medical education.

The second source of medical endowments has been multimillionaires. Few still exist, and unless our tax structure alters, fewer will exist in the future. But to despair of further large gifts from private persons is to give way to excessive pessimism. Occasional gifts and bequests of several millions of dollars are still coming to universities, and there are still more multimillionaires than is generally known. But they must be found; they must be reached; they must be educated to giving largely to medical education. To do this, the entire medical profession as well as university officers must be constantly alert and energetic. If they are, large private gifts can provide much of the needed endowment, and/or much of the needed annual budget. And a change in tax laws, making them more favorable to the acquisition of fortunes and to the gift or bequest of large sums to education, could greatly enhance aid from this source. Every one of us should work to get our tax laws altered —not simply to make the rich richer, but to permit the accumulation of private funds for future gifts to education and to increase incentive for such gifts.

A second way to increase endowments is by large numbers of small gifts. This is a device increasingly visualized and adopted as the large fortunes have declined. It is effective only after a thorough campaign of public education. Such educational campaigns are expensive in time, energy and dollars, and to be effective must be continuous. As a method of fund raising, the small gift program is comparatively inefficient, but it has the advantage of compelling a campaign of public education, and education of the public to the needs of medicine is absolutely essential.

To inform and convince all middle class American citizens of the needs of medical education will not be an easy or rapid achievement. I suggest that it could be done by an organized and continuous campaign on a national scale. In that campaign all the leading forces of medical education and medical care should join in closely knit unity of objective and action. Otherwise the results will be trivial as compared with the need. But the possibilities are unlimited, as a few examples will indicate. I cite them for your encouragement.

In the period 1932 to 1944, in which national income ("gross national product") rose from $60,000,000,000 to $240,000,000,000, or 400 per cent, the rise in the amount spent by individuals of the nation on higher education was trivial. The money went somewhere else. It did not all go to meet taxes or the added cost of living; part of it went for luxuries or for what used to be considered luxuries.

In 1932 the public was left with $40,000,000,000 after taxes. In 1947 it was left with about $180,000,000,000 after taxes, an increase of 450 per cent.

The public spends $110,000,000,000 more on consumption goods now than in 1932. Over the past fifteen years personal consumption expenditures for nondurable goods rose from $20,000,000,000 to over $100,000,000,000, increasing over 500 per cent. Personal income rose from $48,000,000,000 to $200,000,000,000, increasing over 400 per cent.

According to a report quoted in the latest report of the President's Commission, philanthropic contributions for the ten year period 1930 to 1939 amounted to an average of less than 2 per cent of the income reported by individuals on federal tax returns for that period. If this average had been 5 per cent, or only one third of the 15 per cent exemption permitted, about $6,000,000,000 of additional funds would have come to educational institutions and other philanthropies. Had the full 15 per

cent exemption been utilized, the additions to philanthropies would therefore presumably have been $26,000,000,000.

These figures would indicate that there is in private pockets more than enough to finance painlessly the added costs of medical education. Professor Seymour E. Harris of Harvard concluded that education is not receiving an adequate share of the nation's annual flow of resources or disbursements. The reason, I believe, is that the education-loving American nation is not really aware of the need.

What of other sources of funds, annually or for endowment? Direct support for medical education cannot be hoped for through community chests. Such aid as community chests can give to medicine is more properly directed to support of hospitals, which need all the aid that community chests can possibly provide.

It is now the fashion of all those who wish to raise funds to turn to industry. American business has been most helpful to medical research, and will be equally helpful in the future. But there are limitations on the type of aid which business can give to medical education. Its obligations to stockholders rarely make direct gifts to medical education proper. The normal procedure is to aid research. Though helpful, such grants relieve little if at all the regular budgetary costs of medical instruction. Grants are usually limited to one or a few years, raising problems of staff appointment and security, and forcing sudden abandonment of research. Much of the research currently financed by business is applied rather than basic in nature. Medical education should cultivate the friendship and further support of American business and industry; it must educate business friends to the importance to them of fundamental research and of long term grants to the greatest extent circumstances will permit. Business can greatly help medical schools, but it cannot be a major direct factor in meeting the added costs of medical education.

GOVERNMENT SUBSIDIES

There is serious talk of government subsidies to help medical education. I believe that such subsidies are inevitable, since even if medical education is wholly successful in securing needed support from private sources, it cannot be wholly successful in time to save our medical schools from further deterioration. Not all educators regard government subsidy as the proper solution, and indeed government support has great potential dangers to higher education. But the present issue in medical education is not whether to accept government aid, but to work out terms by which government aid can be provided without permanent ill effects. It behooves us to work quickly and affirmatively with government to formulate those terms. This subject cannot be adequately treated in this paper, but neither can it be ignored.

The best form of government aid would appear to be through federal grants, whether or not routed through the states. Both the policies and the administration of such federal grants should be wholly in the hands of a nonpolitical, national commission of private scientists and lay citizens, appointed by and responsible directly to the President. Valuable precedents, with appropriate adjustments, exist in the National Academy of Sciences, in the proposed National Science Foundation and, best of all, in the methods by which the British government supports higher and medical education, without regimentation or political nepotism.

The best forms of aid which government could supply to medical education appear to be (1) emergency grants-in-aid, on some standard formula and without strings, directly to approved medical and related schools; (2) grants to aid in the construction of added physical facilities, with necessary equipment, to improve teaching facilities, strengthen research programs and (only when existing programs have been saved) to provide for more medical students on a high qualitative level, and (3) most important of all as a long term program, a system of federal scholarships for students of medicine, generous in amount and awarded wholly on a nonpolitical, nongeographic and nonracial basis, perhaps with some commitment on the part of the scholarship holder to serve for not less than a stated period with either the medical services of the government or in the medical schools of the nation.

One difficulty would be to determine and agree on the actual total cost to a university of the education of one of its medical students. A formula which included only total teaching and salary budgets and actual cost of supplies used by students would be absurdly unrealistic. What proportion of the annual deficit of a teaching hospital should be charged against medical education? What proportion of the total cost of research in medical schools should be charged against medical education? What part of the annual deficit of the outpatient department? What part of university administrative overhead and hospital and plant operating costs, etc., are justifiably included in figuring the actual instructional cost per student? A realistic decision might make even present top estimates per year seem puny. Possibly such a formula could be found, and agreed on, permitting government grants-in-aid on a student cost basis. The fact that the Navy and the universities agreed on a formula for overhead, and applied it, offers some hope.

But even as we study the need for government aid, and proper terms for its acceptance, let us remember that to the greatest extent possible government aid should be only a supplement to increased support from private sources. Large funds, available for endowment or annual giving, still lie in private hands. The primary and long term objective of private medical schools should be to secure private funds, as promptly and as largely as possible. We must act with private enterprise on private enterprise. We can reach the goal if and only if the entire medical profession makes the effort with unity, with energy, with continuity. In that effort lies the safest future and freest progress of medical education and medical care.

ABSTRACT OF DISCUSSION

DR. BENNETT H. BRANSCOMB (Vanderbilt University): As a layman I feel a hesitancy in speaking to this professional body. The essential problem seems clear however to all of us. We have built up in the last quarter century the most highly developed system of medical research and medical instruction known anywhere. The leadership in that development has been carried by a number of privately endowed institutions. For fifteen years we have had vast social and political changes which have curtailed the creation of new fortunes and have made it necessary for individuals of means who wish to contribute to education to pay for the privilege of doing so. The result has been that the source of support for these institutions which have been in the forefront of this amazing medical development has been greatly reduced. This is the essential problem: What shall we do about it? The idea of letting medical education be taken over by state schools would be socially wasteful. There are values in the independent medical schools which can serve society which might not be shared to their full extent by the state school. While the public would not agree to any solution which said, "Close up these private

medical schools," this is progressively taking place. That process will continue. We will simply close down gradually and try to do the job adequately with the funds which we have at our command, unless this problem can be solved in some fundamental way.

There are four lines of solution. The first of these is to distinguish between medical care and medical education, particularly as it applies to our teaching hospitals. The public is convinced that it ought not call on teaching institutions to provide medical care for the indigents of our cities and states. The time is now ripe to transfer that cost to the proper governing bodies of our states and cities and counties. Eighty per cent of the cost of carrying 200 indigent patients per year at present costs will run between $500,000 and $600,000 a year. The obvious solution then is, to be perfectly frank, that that charge must be carried by other agencies, and the teaching institutions have no obligation to render that particular service. We must teach people to understand that in these teaching hospitals every patient, private and otherwise, must be available for teaching purposes.

The inducement we are going to make is that these teaching hospitals will provide so much better medical care that private patients will be glad to pay to come in, in order to secure this service and make themselves available for teaching purposes.

We must publicize to a far greater degree than we have done the plight of the private medical school. If the public wants it, it must support it. I need only refer to the enormous contributions given in recent years for research work, to show how the public responds when it understands what the essential problem is. The fourth avenue of possible support is support by the federal government. The medical schools which have depended on private support are facing a serious crisis. We have every right to look to the federal government, both from the standpoint of the great service and the record of these schools, and from the standpoint of the responsibility of government for this crisis to give emergency support to the medical schools. Two consequences I think will follow from a program of federal support of private medical schools:

The first is that if the public recognizes that the federal government is supporting the schools of medicine, it will, to an increasing degree, insist upon more and more control of medical practice. The usual view advanced is that the government will insist upon controlling the medical school. A program of federal support is going to further efforts to control the total medical program of medical care as well as of education. There is a second dangerous result. I am afraid of the effect on the schools—not only that they will be reduced to a sort of dead level of uniformity, but that much of the sense of initiative and development which have characterized these schools will tend to disappear. The temptation will be to wait for federal agencies to put the funds out to start new departments and new services.

DR. JOSEPH HINSEY: All medical schools are experiencing great difficulty in finding funds for the adequate training of physicians. Just when demands for medical care and public health are unprecedented and steadily mounting, the quality of medical education is in danger of deteriorating for lack of sufficient income. The present salaries of teachers, nurses, technicians and other personnel do not meet the increased cost of living. Teaching is handicapped for lack of adequate equipment and space. Many otherwise qualified students are today unable to pay the high costs of their medical education. Since the maintenance, let alone the advancement, of the medical welfare of our people depends on the production of adequate numbers of well trained physicians and research workers, the under-financing of medical schools is a problem of national moment. Funds for medical research are available in amounts greatly in excess of those provided before the war, although much greater support is needed for continuing national security and progress. The best utilization of such research funds is impossible today owing to the shortage of scientific personnel and the limited physical facilities of many medical schools. In the United States, medical schools have been financed in four ways: private endowment, private gifts, tuition fees and taxes. Income from endowment and private sources has steadily decreased. Tuition fees, which paid 70 per cent of the cost of medical education in 1910, now pay less than 30 per cent of such cost; yet tuition fees are already so high that many capable students are debarred from studying medicine. It is to public support, then, that medical schools must turn. Only public appreciation of the financial plight of our medical schools, and public help in providing for their support, can prevent serious deterioration in the health and well-being of our people.

DR. HAROLD LUETH: I would like to mention that there are twenty-seven schools which are supported by tax funds through states or municipalities, and they present a little different picture than the one just presented and some notice should be given to them. For the same reasons enunciated, state-supported schools like private schools find tuition fees cannot be raised. Endowment or gift funds, while they have been successful in some state institutions, have the disadvantage that they may dissuade the legislature from appropriating as much money in succeeding years, so there is an end point to the possibility of gaining funds from those sources. The more difficult problem of whether or not the state endowed schools should enter the practice of medicine is such a complex one that I will just mention it. In general, funds for state or municipal schools come through general legislative action. The whole financial picture in the state-supported school is not quite the lush and verdant pasture that some of the earlier speakers indicated. Research, of course, is being conducted in tax-supported institutions, and we are grateful to the privately endowed institutions for their advances in organization and leadership in those areas. It is believed, however, that state-supported schools have a certain contribution to make; namely, they can show the privately endowed schools how public money can be used, and how academic freedom can also be retained. Lastly, the most important thing is to conduct the widest possible educational or public awareness program to let everybody know the many financial problems not only of the privately endowed but of the state-supported school.

MEDICAL EDUCATION IN GERMANY AND AUSTRIA

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The state of medical education, as it exists in Germany and Austria today, may appear to have only a remote relation to the health of other portions of the world, and in particular to the problems of medical care in the United States. A moderate degree of reflection, however, will clearly demonstrate that the health of any large nation in the center of the continent reflects quickly on the health of all surrounding countries. Furthermore, those who have been familiar with the problems of medical licensure of foreign physicians during the past two decades will anticipate that this experience will be repeated as soon as it is possible for physicians of Germany and Austria to migrate to the United States. Inevitably, pressure will be brought to bear on the various licensure bodies to pass on the qualifications of the graduates of the German and Austrian medical schools, in order that they may be permitted to practice in this country on an equal basis with the graduates of the American medical colleges. It is vitally important, therefore, that the responsible bodies, including this Congress on Medical Education and Licensure, concern themselves with continuing

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Based on a survey conducted with Dr. Edmund Horgen under the auspices of the Surgeon General of the United States Army.

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surveys of the status of the European medical schools in order to evaluate properly the physicians applying for licenses from them. The condition of these schools as of 1948 cannot be as accurately analyzed five or ten years hence, at the time these physicians will make their applications. Careful records should be compiled, recording the state of the educational program of each European medical school during each of the war years and the years thereafter. It will be made clear from my discussion that there is a considerably discrepancy between the potentialities for medical education among the various medical schools of Germany and of Austria today, and this will be perpetuated until such a time as they are all in better position from the point of view of *matériel* and faculty. It now appears that this improvement will be slow to occur, and in some instances the universities may never achieve their former stature.

There are five major facets essential to medical education: a well trained faculty; suitable buildings for the preclinical and clinical teaching, including hospital facilities; adequate supplies and equipment for the laboratories necessary to the training of the students and the carrying on of research; a patient volume load of sufficient size and variety to permit experience in a large number of diseases, and a well selected student body. All are vital. The faculty and the carefully chosen student body are the most important. Today, in Germany and Austria, the clinical material is the only ingredient which may be considered as adequate.

FACULTIES

The faculties of the German medical schools suffered during the Nazi regime from a systematic Nazification program. As a result of this, practically all Jewish teachers and many other teachers of distinction who dared to differ with the Nazi philosophy were removed from their posts, and in most instances went to concentration camps, not to return. This served greatly to deplete the university faculties. At the same time, a policy was established whereby a Nazi party member was placed in the faculty of each school, whose functions were to see that the remaining members did not deviate from the party line and that all new members of the faculty appointed had demonstrated strong Nazi sympathies. This resulted in most of the medical schools being solidly Nazified. Immediately after the cessation of hostilities, the Allied Military Government started a thorough system of de-Nazification. At first, all teachers who were known to be Nazi sympathizers were removed from the faculties, but later a more stringent ruling was passed which made it necessary for all who remained on the faculties to demonstrate that they had never in any way indicated their sympathy to the Nazi party. Those who could not fulfil this requirement were, for the most part, sent to concentration camps. Since, during the tensions of the past fifteen years, it was practically impossible for an intellectually active person to refrain from some expression of opinion one way or the other, the complete disintegration of the faculties of the medical schools was inevitable. At Tubingen, for example, there were only two members of the medical faculty who survived the double purging. At Frankfurt, one third of the faculty had been dismissed before the close of the war as anti-Nazi, and when this was combined with de-Nazification, few professors were left. Until recently, six full chairs of the medical faculty were vacant. The Munich medical faculty lost seven professors out of a total of sixteen. Some of the teachers in the medical schools were still not officially cleared at the time of our visit in September and October 1947, but, for the most part, the ones who remained were acceptable to the Allied Military Government.

As a result of the years of poor teaching, during the Nazi regime, there are few younger men capable of occupying the chairs which are vacant. In other words, there is no younger generation to step into the positions of teaching responsibility. Scattered throughout this rather desolate picture are a few strong characters who survived the various vicissitudes of purges, concentration camps and other indignities and who are attempting to lead their respective universities out of the morass into which they have fallen. Notable among these are Sauerbruch, Professor of Surgery at the Charite Krankenhaus of the University of Berlin, who, though in the Russian sector, has been able to maintain a relationship with the British and Americans and who is continuing in his position of leadership. Professor Brugsch, of Medicine, is also Vice Chancellor of the University of Berlin and is making a noteworthy contribution in this regard. At Frankfurt, Professor Volhard, now 78 years old, has been restored to his chair from which the Nazis removed him, and he is still an outstanding teacher of medicine. The University of Munich has been greatly damaged, in respect both to faculty and to equipment. Professors Beingold, Frey and von Seuffert are attempting a reconstruction program. At the Kaiser Wilhelm Institute, Professors Schultz and Singer are still noteworthy. Of the schools visited, the University of Heidelberg appears to have maintained its status best. Heidelberg was declared a free city early in the war and never suffered from bombing. Because of a strong and stable faculty led by Professor Bauer, Professor of Surgery, the faculty was never seriously depleted by the Nazis or Allied Government. Today it remains as the outstanding medical school in Germany, the second probably being the University of Würzburg, which likewise did not suffer seriously from bombing, although the town of Würzburg was virtually destroyed.

In Austria, the situation is somewhat different, most of the faculty having weathered the vicissitudes of the various regimes. Thus, there are Professor Wiethe, dean of the medical school, an otologist, Professor Kauders in neuropsychiatry, Professors Schoenhauer, Finsterer and Denk in surgery, Professors Lauda and Fellinger in medicine, Professors Artz and Wieldmann in dermatology, Antoine in gynecology and Chiari, who is outstanding in pathology.

These and other men of stature in Germany and Austria are attempting to gather about themselves groups of young disciples who may in another eight or ten years or more develop into adequate teachers, although their basic education has been of a poor order.

THE BUILDINGS

Even such leaders as those mentioned previously may be handicapped to the point where their work is largely ineffectual if they do not have adequate laboratories and hospital facilities. The effect of bombing on most of the German medical schools and university hospitals was appalling. When Hans Reis, who made a survey immediately after the war, reached the University of Kiel, for example, there was not a single person available for questioning or discussion in the bombed-out buildings once used for preclinical studies, collection of specimens and teaching purposes. At the University of Munich, the medical school was largely

destroyed. The anatomy, physiology, physiochemistry, hygiene and bacteriology, botany, zoology and chemistry institutes were practically incapacitated. The surgical and the first and second medical clinics were only shambles. The eye, dental and outpatient clinics were severely damaged. Less harm was done to the obstetrics, gynecology, neuropsychiatry and dermato urology clinics. Even two years later, at the time of our visit, major portions of the medical school remained heaps of rubble, and the surgical clinics were far from rebuilt. Large numbers of students crowded about in totally inadequate facilities, and relatively little active rebuilding was in process.

At Frankfurt, the anatomy, hygiene, pathology, pharmacology, physiology and surgical sections were severely damaged. The Orthopedic Hospital, which originally had seven hundred beds and an outpatient clinic, was completely demolished. One wing of the Psychiatric Hospital was destroyed completely, with all records pertaining to the effects of bombing on psychiatric conditions. The library of the City University Hospital was destroyed. A subterranean air raid hospital had been built on the grounds of the medical center, and it did permit operation of many hospital functions during air attacks, but the medical school had ceased to function from February 1945 until after cessation of hostilities. A similar report could be given in reference to most of the universities. The University of Vienna's buildings in contrast were sufficiently intact so that work could progress in a fairly normal manner.

EQUIPMENT

The lack of equipment was one of the most disabling factors interfering with the conduction of proper medical care and teaching. In most of the schools, the laboratory equipment had been completely destroyed, especially all glassware, and much of value in the way of fine balances, and so forth, had disappeared in the course of various raids and periods of disorganization.

The x-ray equipment at most universities was reduced to a meager basis. Most of it had been damaged or had worn out. The most critical item, however, was tubes. According to the statements made to us, no new x-ray tubes have been manufactured in Germany since the war ended. This was the result of the fact that the raw materials, the workers and the factories were in separate zones, and could not be brought together for their production. There is no money with which to buy x-ray tubes from outside sources. Therefore, as they wear out, the situation becomes increasingly acute, and many hospitals are now using their last tubes.

Chemical supplies are at a premium. It is perhaps symbolic of the high degree of destruction of scientific civilization when one finds that at the University of Munich, long famed for its fine chemical research, the determination of blood sugar studies is frequently impossible because of inadequate chemicals necessary for this simple test.

From the point of view of the treatment of patients, many of the simple necessities are missing. Soap was at a premium, and some hospitals are almost without it. This became an acute problem during the epidemic of infantile paralysis in Berlin. Many surgeons have had to return to bare-handed surgery, because of lack of rubber gloves, and such distinguished surgeons as Schoenhauer showed us gloves which they were using, patched many times. Rubber tubing for enema and catheter use is extremely difficult to obtain.

There is no penicillin available to the German hospitals; there is no streptomycin. Some sulfonamide drugs are available. The absence of these and other modern therapeutic agents makes it impossible for the German physicians or students to have any training in modern therapy. Indeed, they are still very skeptical regarding the effects of penicillin, especially in the treatment of subacute bacterial endocarditis.

PATIENTS

The one item necessary for medical education which is present in great plethora is volume of patients. Never have the demands been greater or the facilities for care poorer. The strain of the war years, followed by the malnutrition of the postwar years, together with the extremely poor sanitary and health conditions, has magnified the incidence of all types of infections diseases to a high degree. The facilities for the handling of these patients are hopelessly inadequate, and many of them must remain in their crowded homes, even though they are severely ill with tuberculosis, typhoid and other diseases which are highly dangerous to the population at large.

STUDENTS

The situation as has been outlined clearly indicates that it would be possible to train only a few students even moderately well. The actual facts are, however, that the student bodies of the university medical schools are larger than they have ever been in the history of German medicine. Approximately 50 per cent of all students registered in the German and Austrian universities are registered in the medical schools. This is the result of several factors. One is that in times of turbulence such as Europe has been through, and still faces, the degree of medicine has maintained some essence of stability and dignity. It has, furthermore, frequently been a key of some sort which permits its possessor to enter foreign countries. It enables him to support himself in these foreign lands. Another factor of considerable importance is that, under the totally socialized medical regimes of the countries being discussed, the appointments to the medical school student bodies are made by political boards. In most medical schools, the faculty has nothing to say about the selection of students. In certain sections, as in greater Hesse, the selection is somewhat more careful than in others, but even here it is not conducted by the faculties of the medical schools. Furthermore, after students are admitted, they may continue to attend the medical school classes for as long as two years before they have to take their first examinations; this, whether they are suitably qualified or not. Discussion with members of the faculties in both Germany and Austria indicated that there was great dissatisfaction with this situation among the teachers but that they were unable to successfully combat it. Appointment on a political basis has resulted in tremendous overcrowding. For example, in Vienna there were 3,500 medical students out of a total student body of 7,000. It was reported that at Munich there were 4,000 registered in the medical school, with 3,000 on the waiting list. Most of the other schools had from 1,800 to 3,000 medical students. Only the smaller ones had as few as 1,200. Inquiry indicated that the faculty members were inclined to believe that all of these students who so elected would eventually graduate. They have several opportunities to pass each set of examinations without being eliminated from medical school. They may take as long as eight or more years to complete their courses, which is not new in these countries, but it was anticipated that most of them would receive their degrees. As an additional inducement for attend-

ing the medical schools, in a number of areas medical students receive extra rations. When the population is on a legal ration limit of 1,500 calories, this is an inducement of no mean proportion, and, I might add, has little to do with whether the student is suitable for or interested in the profession of medicine. Thus thousands of young doctors in excess of the professional needs of the countries in which they are being educated will be cast forth into the civil population during the next decade. It is clear that on realization of this many will wish to migrate. Sincere effort is being made by certain leaders such as Professor Volhardt to restrict the number of students admitted to the medical schools, but thus far they have been unable to curb the political pressures.

It is obvious that in most of these medical schools with extremely limited faculties, bombed-out buildings and little or no real equipment, the teaching of medicine as it is known in this country is totally impossible. The only schools which our mission visited capable of training young men to a moderately satisfactory degree were Heidelberg, Würzburg and Vienna. Even there, the lectures were crowded beyond anything found in the medical schools in this country and the students were, for the most part, maintained at a great distance from any considerable contact with patients. Experimental work, or laboratory demonstrations, were largely didactic and theoretical rather than by actual student participation. The best teaching facilities in Germany today are not comparable to those of accredited medical schools in this country. What then is to be done with the graduates of these schools when they apply ten years hence for licensure in this country? Those who have graduated but have not had prolonged postgraduate training cannot be considered as comparable to our graduates. Each of the great professors has a small group similar in function to our present resident staffs. These men may remain with him from five to twenty years. They are the privileged ones, and a few of them may rise to become true leaders of medicine and the teachers of the future. Men who can demonstrate that they have worked *en famille* with leaders of this type for a period of years might be considered as comparable to some of our graduates.

It is not within the scope of this presentation to submit detailed recommendations regarding the solution of this situation, but rather to portray the problems as they are found in Germany and Austria today, and to delineate what your boards will be confronted with in the future. The following suggestions, however, appear pertinent: (*a*) that your body conduct a survey of the status of each European university medical college annually, noting its progress toward normal or its lack of progress, its strength and its weaknesses; (*b*) this material should be made available to each of the state licensure boards; in years to come, they will then be enabled to consult this data referring to, let us say, the year 1948 and to determine whether the graduates of the school under consideration received adequate training or not; (*c*) in addition to this, the qualifications of each candidate should be considered in detail in reference to his postgraduate experience. It is not sufficient for them to state that they attended Professor X's clinic for one or five years. This may merely mean that they sat on the back row of an auditorium or that they made rounds on the fringes of a crowd of fifty with Professor X. It must be known whether they actually had a residency or family relationship with the professor and whether they became dozents[1] or held some similar position. These favored ones might well be considered more seriously for licensure in this country.

1. Associate professors or a similar position.

SUMMARY

In summary, medical education in Germany is at an extremely low level at this time. The Universities of Heidelberg and Würzburg are the most satisfactory. Medical education in Vienna is somewhat better, but is handicapped by overcrowding.

The major factors responsible for these deficiencies are: lack of well trained teachers, bombed-out medical school buildings, loss of equipment and inability to replace it and poor selection of students, which is under the control of political boards rather than the members of the medical faculties.

Students graduating from these schools have not received a medical education comparable with that obtained in medical schools of this country. This situation should be subjected to continuing analysis and recording by the boards of licensure so that in the future graduates from these schools who apply for license to practice in the United States may be properly evaluated.

MEDICAL EDUCATION IN LATIN AMERICA

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South of the Rio Grande the teaching of medicine began long before formal instruction was introduced in North America. The first medical school was established in Santo Domingo in 1538. A medical school was organized at the University of Mexico in 1580, and other schools appeared in Lima, Peru, in 1621; Habana, Cuba, 1728; Santiago, Chili, 1756; Bogotá, Colombia, 1758, and Buenos Aires in the Argentine in 1801. There were hospitals in Latin America long before similar agencies for the care of the sick appeared in North America. The first hospital was established in Guatemala in 1503, and an excellent institution, which has grown to great size and developed scientifically, was established by a Catholic brotherhood in Santos, Brazil, in 1543.

From the sixteenth century on, the Spanish government provided health officials and scientific councils to its American colonies. As early as 1569 Peru developed a Tribunal del Protomedicato General, which was concerned with medical licensure, the inspection of drugs and investigation of new remedies. The Spanish code of Castile prevailed in its American vice royalties. Physicians today concern themselves with prenatal care and the premature child, but a paper on the welfare of the newborn was published by Francisco Laguna as early as 1781.

Unfortunately, the inspiring progress of medical education and the institutions that prevailed from the sixteenth century to the beginning of the nineteenth century deteriorated. Attempts were made under French influence to reform medical education and the care of the sick after 1830. From 1830 onward, progress was marked by some amazing contributions, but the twentieth century saw a new decline, and apparently the effects of World War I and World War II were so severe as to indicate at present a serious departure for most of South America from established scientific medical standards.

Read before the meeting of the Federation of State Medical Boards, at the Forty-Fourth Annual Congress on Medical Education and Licensure, Chicago, Feb. 9, 1948.

Aristides A Moll [1] in "Aesculapius in Latin America," published in 1944, has reviewed the growth of the medical colleges in Latin America and their gradual evolution. He presents some factual data which convey a general picture of the Latin American medical educational scene. Of the present 54 medical schools, 27 were founded in the nineteenth century. At present Costa Rica and Panama are the only countries without a medical school. Brazil has 12, Mexico 8, Argentina 4; Bolivia, Chile, Colombia, Ecuador, Nicaragua and Venezuela 3, and the others each 1. According to Moll, these schools graduate about 3,000 physicians each year from a total enrolment in the medical schools of more than 20,000 students.

The full time teacher is almost nonexistent in Latin America, and the budgets of the medical schools are completely inadequate. Most of these medical schools spend something under $300 per student per year on medical education. Moll condemned particularly the fondness of both faculty and students in the medical schools of Latin America for politics, and he referred to the manner in which students are misused by political leaders in controlling Latin American medical education.

When Abraham Flexner [2] published his considerations of medical education in 1925, he contrasted the type of teaching in French, English and German medical schools with that prevailing in the United States. The system that prevailed in France and Spain has been the model for most Latin American medical education. There are some exceptions, as will be pointed out later. Abraham Flexner pointed out that France produced only one work of any significance in the field of medical education; namely, a book by Claude Bernard published in 1865, which dealt with the logic of research but which made no reference to the organization of a medical school. In both France and Great Britain medical schools grew out of hospitals. Students were essentially disciples of individual masters. This method is conducive to the encouragement of occasional genius but is inefficient and inadequate when concerned with the education and discipline of considerable numbers of students who wish to practice a profession. These generalizations are significant in relation to such criticisms and praise as are warranted for the medicine of Latin America.

Most of what I say here is based on personal observation of many medical schools and hospitals in a tour through Latin America in July and August 1947. I viewed at first hand a considerable number of medical schools, hospitals and institutions of research. I visited areas inhabited largely by the rich but also great sections of large cities inhabited by the poor. I went into some rural areas of Brazil, Chile, Peru, Guatemala and Mexico and saw the medical care available in villages. This experience I have supplemented, as far as possible, by studying all of the available medical and popular writings on medicine and health in Latin America. What has been published is meager, superficial, hearsay, undocumented, impressionistic and thus grossly inadequate. Nowhere in recent years, except for the paper by Weiskotten relative to conditions in Peru, is there an enlightened, honest survey of a medical educational institution in Latin America. Visitors from North America are dined and entertained by the leaders of Latin American medicine with a hospitality that is unequalled in any great country that I have ever visited on the Continent or even in the United States. Visitors are given opportunity to see the magnificent achievements in the research institutions; they may walk through the wards and visit the private rooms of the leading hospitals. They may speak to the assembled faculties and students of the medical schools. Yet they have not, as far as I have been able to determine, been able to make an accurate study of the quality of medical teaching, the available medical facilities, the libraries, the laboratories and all of the other factors by which we are accustomed to judge the quality of medical education in the United States. Medical licensure is political, and I shall consider that further later in this paper.

Perhaps a statement in the biography of the Drs. Mayo merits quotation. Dr. Will Mayo visited Latin America with Dr. Franklin Martin in 1920. In the biography Miss Clapesattle [3] said:

> The spaciousness of the hospital and medical school buildings and the elaborately landscaped gardens surrounding them amazed the visitors from the United States. Nor could they find any fault with the instruction offered. Throughout South America the medical course was seven years in length and the examinations were so exacting that few North American or European surgeons could pass them, as they must in order to receive a license to practice. In the hospitals the visitors could criticize only the general indifference to screens at the windows and the scarcity of trained nurses. . . . Dr. Will summarized his impressions by declaring that the men he had watched operate were "the equal of any representative group from any country in the world."

I do not depreciate this observation because I saw research in South America carried on by competent men in institutions of the highest quality. The work of the Oswaldo Cruz Institute near Rio de Janeiro and of the Butantan Institute at São Paulo; of the institute in Buenos Aires headed by Houssay, recent winner of the Nobel prize, and work on the heart by Cossio and Taquini and Capdehourat is equivalent to the best in North America, as are the institute which Castex has carried on his research and the institute founded by Samper in Colombia. Chile has for many years had a law requiring every person who dies in a hospital to be submitted to a postmortem examination. The necropsies are conducted by competent pathologists. Thus they are superior to North America in this aspect of medical work. In Peru there is in process of construction the National Institute of Andean Biology (for the study of high altitude physiology) which will be unique. Already the contributions of Peruvian leaders like Monge and Hurtado are well known throughout the world. In México, D. F., the work carried on under Zubiran in the Hospital de Enfermedades de la Nutricion, by Chavez and Rosenblueth in the Instituto de Cardiologia de Mexico, and by a group of well qualified men in the hospital for children's diseases is worthy of world wide emulation. The School of Tropical Medicine in our own Puerto Rico is an amazing institution in which competent research has been carried on for some years on funds utterly inadequate to the possibilities. Genius is not the peculiar possession of any single nation or race; nor does it require perfection of facilities that it may thrive. In many areas of South America, moreover, men of extraordinarily brilliant minds and exceeding competence in research and practice can be found. These, however, are extraordinary manifestations which rise, like Mt. Everest, above a great valley of inertia

1. Moll, A. A.: Aesculapius in Latin America. Philadelphia, W. B. Saunders Company, 1944.
2. Flexner, A.: Medical Education, New York, The Macmillan Company, 1925. pp. 15, 19 and 26.
3. Clapesattle, H. B.: The Doctors Mayo, Minneapolis, University of Minnesota Press, 1941, pp. 582 and 584.

and desuetude characteristic of the majority of medical education and research in Latin America.

I pay this tribute to Latin America because an editorial [4] which I wrote about Brazil and which was published in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION in August 1947 aroused considerable furore in the medical profession of that country. Medical societies held meetings devoted wholly to a discussion of the criticisms made in the editorial. Medical periodicals published long editorials discussing the matter pro and con. A former minister of education and public health, Prof. Ernesto de Souza Campos, replied to the editorial in a newspaper. Several young members of the Brazilian College of Surgeons wrote polemics that were literally brilliant but without adequate evidence in reply to the specific criticisms. One of those writers considered the editorial a breach of the good neighbor policy. Several newspapers sent out inquiring reporters to ask great numbers of physicians what they thought of the editorial, and a considerable number had the courage to admit the veracity of some of the indictments. Actually, the editorial served the purpose of indicating the truth of one particular indictment. The editorial said:

> The young men who have studied medicine in the United States need all the encouragement and help we can continue to give them after they return home to practice. Perhaps one or more generations will have to pass before the real significance of what they are doing will be recognized in their own country. In the meantime they battle against the status quo. The professorships in the medical schools are appointments made for life; the staff positions in most of the public hospitals are controlled by political influence; the small private hospitals are inadequate and commercial and subject to all the abuses that were only too well known in the United States during a similar period in our own evolution.

Fortunately, several Brazilian leaders have now spoken in support of some of the statements that have been made. Professor de Carvalho, vice president of the Society of Social Medicine, said, "The majority of the criticisms contained in the article is justified," and a letter just published in the leading medical periodical of Brazil calls attention to the fact that polemic and literary discussion will not supply the medical schools with laboratories, libraries and modern methods of teaching.

MEDICAL LICENSURE

Medical licensure began in South America in 1535, when Charles V ruled that in America the same restrictions on the practice of medicine, surgery and pharmacy would apply as in Castile. The evolution of medical licensure in Latin America is detailed by Moll in "Aesculapius in Latin America." After the beginning of the nineteenth century the medical leaders gradually shook off the jurisdiction of governmental agencies in licensing physicians. The powers to license now rest chiefly in the hands of the national health or educational authorities and occasionally in special boards. Today practice by foreign physicians in Latin America is not easy. In order to obtain a license to practice, a physician coming from outside the country must validate his diploma, and it must be properly attested by a diplomatic or consular representative of the country from which he comes. The applicant in practically every instance must take examinations in all the subjects in the local medical curriculum. In some others the examinations must be taken in the language of the country concerned. The examination fees vary from $100 to $1,300. The tendency in the past has been to grant mutual recognition of medical diplomas between some of the Latin American countries and others, but most Latin American countries still make it difficult even for other Latin Americans to practice.

Among the most stimulating works recently published on Latin America is the book by Charles Morrow Wilson [5] called "Ambassadors in White." Mr Wilson, through his contacts with the governmental agencies during the war, had opportunity to observe closely the difficulties in advancing medical science and medical practice in Latin America. He recognized embarrassment caused by present restrictions on free interchange of students and physicians between North and South America. Most Latin American countries limit and in some instances completely prohibit the licensing of doctors from other countries. Mr. Wilson expressed the opinion that better reciprocity in medical licensing rules is needed, and he said, "It is unquestionably attainable." He also recommended increase in the exchange of government and private scholarships for medical students. "While receiving more Latin American medical students in our own medical colleges," he said, "it would be beneficial to dispatch more of our own students to universities and research institutions in Latin America." Incidentally, the problem of the Latin American student who comes to North America to pursue further studies is a complex and difficult one. He finds himself in a new environment in which discipline prevails far beyond anything that he has observed at home

The place of the student in the control of the Latin American medical school has evolved into one of increasing political power rather than suitable discipline. Commenting on the relation of the student to the Latin American medical school, Aristides A. Moll said

> Yet little ultimate good is obtained and often much harm is done when immature minds persist in dictating the type of teaching, forcing the selection of professors and enforcing their demands through thoughtless strikes and vociferous protests. . . . The danger also remains that the exciting lure of street meetings and irresponsible movements may lead away from the more severe discipline of the classroom and the study halls.

The situation is not recent and not necessarily associated with the present trends in social attitudes throughout the world. It is part and parcel of the system of medical education. When Hans Zinsser [6] visited Mexico around 1912, he made the following comment on the University of Mexico: "The University of Mexico is the student's paradise. Students have a voice in the University government. If a professor flunks too many pupils, out he goes on his ear. Not even the Deans are safe."

By contrast the institution of higher education in the United States conceives that educational discipline is an integral part of the education. William Henry Welch [7] said once: "No man can study medicine or any profession who has not gone through a course of study at least equal to a college course at Yale or Harvard." And again, "It is not only or chiefly the quantity of knowledge which the student takes with him from the school which will help him in his future work; it is also the quality of mind, the methods of work, the disciplined habit of correct reasoning, the way of looking at medical

4. Medicine in Brazil, editorial, J. A. M. A. 134:1429 (Aug. 16) 1947.

5. Wilson, C. M.: Ambassadors in White: The Story of Tropical Medicine, New York, Henry Holt & Company, Inc., 1942.

6. Zinsser, H.: As I Remember Him, the Biography of R. S., Boston, Little, Brown & Company, 1940, pp. 346 and 347.

7. Pleasner, S., and Pleasner, J. T.: William Henry Welch and the Heroic Age of American Medicine, New York, Viking Press, Inc., 1941, pp. 41 and 223.

problems." Here in a single paragraph is essentially the ingredient missing from most Latin American medical education.

Since my visit to South America I have been endeavoring to secure some reliable data concerning fundamental factors in medical education, such as the qualifications for admission of students, the number of students admitted in relation to the available facilities, the quantity and quality of equipment in anatomy, physiology and pathology and in the libraries, the nature of administration, the available budget, the records of attendance by students and faculty and similar matters. Some of the leaders in some of the countries have been most cooperative in assisting with the necessary data. Unfortunately, others have been negligent and some have been resistant.

PUERTO RICO

Puerto Rico does not have a medical school and is thus dependent on other countries for training the necessary physicians. Recently excellent hospitals have been built, and they are well conducted.

The suggestion has been made in Puerto Rico that the needs of the rural and low income population could be met by providing great numbers of low quality physicians. This movement is political. The nation must depend on other countries to educate the young men who wish to be physicians and who would return to the island to practice. Opportunities must be developed in the United States for the training of Puerto Ricans in medical science.

TRINIDAD

Port of Spain is a British possession with segregated areas devoted to the British population, the United States army and navy posts, which have been leased from Trinidad, and the considerable area occupied by the population, which is a mixture of racial types from all over the world.

The United States hospitals, which care only for the people of the United States in our reservations, are of the highest quality developed by our armed forces. The great British hospital, which suffers under the stringency of rigid British governmental economy, has twenty maternity beds to care for 2,000 cases annually. There is one physician for every 4,000 persons, and one hospital bed for every 2,000. If a moderate rate of four or five hospital beds for every thousand persons is accepted as standard, the medical facilities of Trinidad for the population are grossly inadequate. Such statistics as are available indicate a general state of health well below the standard of most civilized countries.

BRAZIL

Belém.—In Belem, Brazil, there is a medical school, rather primitive, which is one of the twelve medical schools of Brazil. I visited the school with Dr. Orlando Lima, who is a gynecologist and surgeon, and saw the institution while the students were on vacation. He told me that the school graduates twelve students annually. Such facilities as I saw, which included those for anatomy, physiology and pathology, were on a par with the least qualified proprietary medical schools of the United States in the period between 1900 and 1910. The question naturally arises as to whether physicians educated under such circumstances are better than no physicians at all.

The community has two hospitals—one, a government institution which is the typical Latin American hospital, without screening, with inadequate laundry facilities, and the other a hospital built and staffed by the Institute of Inter-American Affairs.

Rio de Janeiro.—The medical schools in Rio de Janeiro and elsewhere in Brazil are conducted by the government. There is one private medical school in Brazil; namely, the one conducted by a Catholic group in São Paulo. The latter has the virtue of independence but suffers unfortunately from a great lack of funds.

The fees charged in most of the schools are utterly inadequate to the conduct of an institution which must depend to some extent on students' fees; teachers must depend on practice for their maintenance, since maximums paid by governments are in most instances well under $1,000.

During my stay in Rio de Janeiro the schools were on vacation. However, I had opportunity to speak at some length with some medical leaders and at considerable length with many of the young men who had done graduate study during recent years in the United States. The most frequent commentary was the difficulty experienced by these young men in gaining opportunity to teach or do research in the medical schools.

There is a woeful lack of general hospital facilities in Brazil as elsewhere.* I did, however, see a beautiful hospital just completed for the use of employees of the government. This hospital will care for such employees with a salaried staff of physicians. There are as many private rooms as beds in the wards, and higher salaried employees are permitted to pay extra for such accommodations. It is planned to conduct this hospital according to North American lines. One of the chief difficulties anticipated was the securing of competent laboratory technicians.

São Paulo.—The institutions of medicine in São Paulo, which is apparently the most rapidly growing city in South America, are far superior, in general, to those in Rio de Janeiro or elsewhere in Brazil.

The conspicuous medical problem of São Paulo is leprosy. Apparently there are some 50,000 cases in the State of São Paulo with many sanatoriums and dispensaries for the care of lepers and their children.

Near São Paulo is the state institute for the manufacture of serums, vaccines and other biologic preparations, including particularly snake venoms and vennes.

The medical school in São Paulo conducted by the government is fully up to North American standards. This institution was largely developed through aid from the Rockefeller Foundation. Its laboratories, teaching units and equipment are of the highest order. Hospitals for orthopedics, obstetrics and the care of children are in process of construction. Also in process is a great nursing school, and teachers have been obtained from North America to establish this school on modern lines. If the institution is able to maintain reasonable limits on the admission of students, there is no reason why the medical school at São Paulo should not continue to be a most acceptable institution.

In process of construction also is another medical school known as the Escola Paulista de Medicina, the only private medical school in Brazil. Almost completed is a great new hospital with sufficient beds to supply teaching services in all of the medical specialties and in association with this hospital a modern nursing school.

Unfortunately the equipment for teaching anatomy, physiology, pathology and the basic sciences is meager and obsolete. The library consists of some hundreds of books and a few score periodicals which are in close association with the office of the dean. The common

* Taylor de Sa, H. The Brazilians, People of Tomorrow, New York, The John Day Company, Inc., 1947.

rumor was that this school was maintained largely from the fees of wealthy students who had been unable to gain admission to the medical school conducted by the government. The fees for this institution were obviously far above those of any other medical school in South America.

I would be remiss if I did not mention the great hospital conducted in Santos by Dr. Pedroso, who has been thoroughly trained in hospital management in the United States and elsewhere. This institution is outstanding in its appearance, in the quality of its work and in its management. The hospital was founded in 1543 and has undergone an evolution into an institution comparable to the best in other countries.

URUGUAY

Montevideo.—The school of medicine in Montevideo, while not as modern in its construction as others, is a fine example of the best possible development of medical education according to the plans prevailing in France and Spain. The medical school is conducted by Dr. Chifflet with administrative skill. Pathology is taught with a magnificent collection of gross specimens closely correlated with slides and case histories, so that the teaching of pathology can be especially commended. The division of anatomy has adequate provision for embryology and histology. The department of physiology, recently reconstructed, has facilities second to none elsewhere, and by an arrangement with the city dog pound there is national provision for suitable experimentation on animals. The library contains 108,000 volumes with special departmental libraries, with reading rooms for French, Spanish and English publications, and there is an exchange system with a package library service.

The specific disease of this area is hydatid cyst, and there is a world famous collection of anatomic specimens. Incidentally, an exhibit from this collection received a gold medal in the Scientific Exhibit of the American Medical Association in 1942.

Near the city of Montevideo, high on a hill, is a new hospital reminiscent of our great medical centers with which will be associated a new medical school building. This hospital has been many years in process of construction, and when I saw it, it was boarded up awaiting the provision of further funds.

ARGENTINA

The problems of medicine in Argentina are primarily political.[9] The situation that prevails today in Argentina can be duplicated only by some of the strange circumstances that developed in the totalitarian countries during the years of the war.

The leading medical school of Argentina in Buenos Aires has a magnificent building built by Jose Arce. I doubt that there is any other medical school anywhere in the world with a physical structure that is its equivalent. The curriculum is adequate to the method of teaching. At the time when I was in Argentina, the medical school was still occupying the old building and the old hospitals, but the dental school was in process of installation in the new building with its vast corridors and marble columns that would dwarf even our most ostentatious capitol buildings. The dean of both the medical and dental schools, at the time I went through the building with him, was a former dentist in the army of Argentina.

There are many good hospitals in Buenos Aires and some research institutions conducted by Drs. Castex and Taquini which, by the quality of their equipment and the quality of their work, as well, are worthy of high praise. The institute of cardiology is one of the best equipped establishments for the study of hypertensive heart disease, the effects of fatigue and electro cardiography anywhere available. Twelve beds are held exclusively for research on the heart. The institute conducted by Dr. Castex offers opportunity to men of great repute for modern scientific research, and the publications that come from these institutes are widely known. Unfortunately, the Peron government fell afoul of the independence of some of the greatest teachers of our time. Dr. Castex is no longer associated with the medical school. Dr. Houssay, who recently received the Nobel prize for his studies of the pituitary, was eliminated from the school, was deprived of his laboratories and library and is at present working in a reconstructed flat building, where eleven devoted students followed him.

Most of the voluntary nonprofit hospitals had formerly derived their income from a special organization known as a Beneficencia. For many years the custom had been for the wife of the President to be the honorary president of this organization. Social attitudes in relation to the present president of Argentina resulted in a revolution in the organization of the Beneficencia, and many of the leading hospitals formerly used for teaching purposes are now finding it difficult to continue to exist and in some instances are without any adequate budget.

On Jan. 1, 1948, a new law became effective in Argentina whereby faculties are now controlled under a somewhat totalitarian system. Neither professors nor students are allowed to act directly or indirectly in politics but must confine themselves strictly to their educational functions. The head of the university is designated by the government for a term of three years and must refrain rigidly from any activity not related to his official position. He is advised by a council composed of the dean and ten counselors who are elected by secret vote of the professors. The dean is no longer elected by the professors and the students but chosen from a list of three names presented by the rector to the directing council of the faculty. All appointments are for terms of three years. The universities are to be supported by a tax of 2 per cent, which must be paid by every employer on every payroll paid in Argentina except those of domestic servants and government employees. Some hundreds of the leading teachers have resigned from the faculty in Buenos Aires. A few have been transferred to other universities. Among the facilities of Buenos Aires is a magnificent cancer center with a high quality of modern equipment. This was formerly under Dr. Roffo, of whom no one now says much except to make an expressive shrug of the shoulders.

As a result of the changing social points of view developing in Argentina, the medical school is overwhelmed with students far beyond its ability to provide adequate instruction. There were 1,146 students in 1946; 1,492 in 1947. In previous years the number was 500.

The Argentine has more physicians in proportion to its population than any other country in South America. It is estimated that there is 1 physician to 835 persons, as contrasted with 1 to 775 in the United States, but with 1 physician to 13,000 in Guatemala, 1 physician to 6,000 in Peru and Bolivia and 1 physician to 3,000 in Brazil. Moreover, the concentration of physicians is almost wholly in Buenos Aires and a few lesser cities.

9. Gropaup, R., and Gropaup, L.: Revolution Before Breakfast, Chapel Hill, N. C., University of North Carolina Press, 1947, p. 207.

In the provinces the situation is far worse than in any similar rural area in North America.

CHILE

The school of medicine of the University of Chile has excellent departments of anatomy and a new department of physiology in process of construction; research goes on constantly. Chile has had for many years a law that there must be a postmortem examination on every patient who dies in the hospital. One sees four or five postmortem examinations going on constantly, and there are available rooms with the most modern projection facilities for conferences to which diagnosticians, surgeons and pathologists may discuss the results of their study.

There are three universities in Chile. The University of Chile itself is a national institution supported by the government and ruled by a statute which gives it absolute freedom from political or personal interference. The rector, who is equivalent to the president of the university, is elected by a council of professors. They present a list of three names to the president of the Republic, who traditionally selects the first name on the list as his choice. The university is controlled by a governing body formed by the deans of the different faculties and by those members who are appointed by the president.

The Catholic university is supported by the Catholic church and the Universidad de Concepcion is also private and is supported by a lottery. Theoretically both of these universities are under the control of the University of Chile, which arranges the curriculum, conducts the examinations and confers the titles in professions that require recognition, such as law and medicine. Neither of these two universities has developed beyond the fifth year of medicine. Students of the sixth year go to the University of Chile, where they finish their preparation. The program of instruction follows the French type.

The lower grades are followed by courses which lead to the degree of bachelor, representing two or three years beyond the high school education in the United States. Then comes the medical career, which covers seven years. Students usually cannot complete their duties and provide a thesis on time, so that they receive their diplomas in the eighth year. The students begin to go to the hospitals in the third year. The hospitals are supported by Beneficencias and by the government social security system.

Studies are free of charge, and their fees are nominal. At present there are about 1,000 persons in the medical school of the University of Chile covering the seven year period. Whereas many hundreds enter in the first year, only 120 are graduated. Anatomy is studied the first two years. There are fifty tables and about 200 bodies available each year. Of these 200 bodies, 140 have been previously submitted to postmortem examinations. Physiology is most advanced, with a full time faculty. Students experiment on all types of animals. There are numerous research laboratories.

The library of the medical school is at present being reorganized by Mr. Edward Heiliger, sent to Chile by the American Library Association. In the library of the medical school there are 15,100 volumes, of which only 1,550 are used regularly. The large collection is in process of cataloguing. There are great collections of periodicals. The library now receives regularly 249 periodicals.

After graduation from the University of Chile the student receives the degree of doctor of surgery, which gives him the right to practice medicine and surgery in Chile.

Information concerning the University of Chile medical school was obtained not only by a direct inspection of every department and all of the hospitals associated with the school but also confidentially from two completely independent sources.

The Chileans delight in being called the Yankees of South America. Their medical leaders are capable. Many of them have contributed to scientific medical periodical literature throughout the world.

The great needs of Chile are distribution of medical service to the rural areas, schools of nursing and methods of control of their leading problem, which is tuberculosis. There has been complete cooperation between the Institute of Inter-American Affairs and the Chilean government. Our government has been of aid in building a great new sanatorium for tuberculosis known as the Trudeau Sanatorium and in aiding in the construction of an institute for the study of bacteriology and preventive medicine. In connection with this institute I saw the only establishment in all of South America for the manufacture of penicillin. It produces 100,000,000 units daily, or 3,000,000,000 units per month. In the United States our present production exceeds 1,200,000,000,000,000 units per month.

The great problem of all of the Latin American countries is tuberculosis, where it is still captain of the men of death. On the west coast of South America particularly it is the number one problem. The attack is being made by the establishment of diagnostic centers with adequate x-ray equipment, by providing information regarding suitable nutrition and rest and by extensive experimentation with BCG vaccination.

PERU

Dr. H. G. Weiskotten,[10] chairman of the Council on Medical Education and Hospitals, visited Peru recently and published in the *Journal of the Association of American Medical Colleges*, November 1947, a report of his visit. His study of medical education in Peru was based on accurate investigation of the available facilities and represents the type of study that should be given to every medical college in South America. I shall not elaborate on the details that he presents other than to record changes that have occurred since his visit and to emphasize recent aspects of medical education in Peru that need such emphasis.

There is a considerable excess of students for the facilities available in the medical school. The school could reasonably accommodate 80 to 100 students in the first year. Up to 1942 it was limited to 70. The class entering in 1944 numbered 250, and the class entering in 1947 was between 350 and 400.

Instruction in the basic sciences is therefore theoretical. A teacher in histology told me that he had to accommodate the teaching of histology to 300 students with twenty microscopes. The teaching staff has been increased to meet the great number of students, but obviously the faculty members, who are clinicians, find both time and facilities inadequate to the demands. As a consequence of a law approved by the Peruvian congress in 1946, the governing council of the faculty is composed of two thirds professors and one third medical students. Among the students are some who have just entered the medical school. The intervention of students in the administration and technical activities

10. Weiskotten, H. G.: Medical Education and Medical Licensure, J. A. Am. Coll. 22:331 (Nov.) 1947.

of the faculty is unfortunate, especially since students now entering have less cultural background than those who entered formerly. Because of the intervention of the students in administration, discipline is disappearing. Examinations are modified to meet requirements set up by the students. A leading member of the faculty informed me that the influence of men who have returned to Peru from other countries has resulted in great stimulus to research. In process of construction is a laboratory for the study of high altitude physiology under Drs. Monge and Hurtado, who are world renowned for their contributions to this field.

One of the greatest difficulties of all education in Peru and in many other Latin American countries is the existence of innumerable holidays. Not only are there the usual holidays related to the church but holidays declared for military victories resulting from innumerable wars and revolutions, holidays declared in honor of the deaths of recent politicians and holidays declared by the government apparently at will. With one medical leader I went over the total number of days that were already established as holidays for the remaining four months of 1947 with an indication of from thirty-eight to fifty-eight days likely to be lost by such occurrences. A student may be absent from the school for 20 per cent of the time, if the governing board already mentioned decides his capacity is sufficient to permit this.

The faculty-student board determines the qualifications of applicants for admission to the school of medicine. In recent years practically all applicants have been accepted without examination, have completed the required premedical studies, which included a total of thirteen years from entrance into the first grade of school at the age of 6. There are no full time faculty members or officials in the school except the secretary.

An interesting innovation which became effective in 1947 provides that the students may exercise a right of veto once every six years. Any faculty member may be forced to resign by the board of students if they vote a veto.

In general, all buildings, classrooms, laboratories and teaching facilities are deficient and inadequate except for physiology and pathology, which are well housed with animal and laboratory facilities. The library of the medical school owns 12,000 books and has a qualified librarian. The library receives 250 different medical journals each month. The funds available for the school are completely inadequate. The tuition cost is less than $40 per year, and all equipment, including microscopes, must be provided by the school. There are 300 bodies available for dissection and seventy-three dissection tables. There are eight tables for the study of animal physiology.

Obviously the prevailing system of medical education makes it difficult to believe that the average student coming from such a system of medical education could pursue his medical education to higher levels at the same time as students graduated from the competent schools of medicine in the United States who are undertaking similar work.

I have omitted consideration of the social system and the hospitals, since they constitute a special subject. The social security system in Peru covers 250,000 insured workers out of the millions of inhabitants. Those covered by the social security system can be admitted to a number of hospitals which are conducted on a high level. The mass of the people are cared for in charity institutions, where thousands of patients occupy space available for hundreds and where there is practically a complete absence of nursing service and even good sanitation. Typical of the situation is the fact that in all of Peru there is only one modern incubator for the care of the prematurely born child

COLOMBIA

The minister of health of Colombia is changed with considerable frequency, and the functions of care of the public health and medical education are therefore administered in an unstable environment. The private hospitals are developed along modern lines, but the public institutions function in a sadly unsanitary and unstable manner. I visited a public hospital in which the private patients received excellent care, but the charity patients were sad indeed.

The school of medicine is an old structure with too many students for its facilities. The department of physiology is efficient, but the department of pathology is woefully weak. The library is ancient. There seemed to be not only a lack of information concerning great advances in medicine made in North America but somewhat of a disinclination to be disturbed about it. The scientific literature referred to is for the most part Spanish and French. While graduates of the University of Colombia have in the past come to the United States for advanced education and have done rather well, there is no reason to believe that the quality of education now is as good as it was previously. The difficulty lies unquestionably in the lack of faculty and the depreciation of the facilities and the tremendous disinclination to introduce new ideas or new blood.

PANAMA

Panama is without a medical school. Its medical profession must, therefore, obtain its education elsewhere. The lack of adequate teaching facilities would make the introduction of a modern medical school exceedingly difficult. Even more serious would be the securing of sufficient funds to operate a good medical school.

GUATEMALA

In Guatemala City the medical school has 500 students in the first year, and about 50 graduate in the sixth year. There are a few hundred books in the library. The equipment, except for a new department of experimental surgery, is obsolete.

There is a great general hospital which cares for some 1,800 patients in space adequate for 800. Serious attempts are being made to modernize this hospital. A new hospital called the Roosevelt Hospital, of one thousand beds, is in process of construction. The San Jose Hospital, operated by a charity order, does apparently good work for the underprivileged with inadequate equipment, facilities and staff.

Guatemala [1] is a nation with some 3,500,000 people, 80 per cent of whom are illiterate Indians, undersize, undernourished and apathetic.

At the San Jose Hospital, which is built in the Spanish style with the wards around patios, it was startling to observe patients with cancer sit in the patio with considerable numbers of vultures on the roofs nearby and even feeding in the gardens.

MEXICO

The medical school of the National University in Mexico is under the administration of a council elected by the faculty of the university with the director as chairman. An admissions committee is urging higher

1. Kelsey, V., and Osborne, L. D.: Four Keys to Guatemala, New York, Funk & Wagnalls Company, 1946, p. 196.

standards of admission. The student must attend at least 80 per cent of the lectures and demonstrations to get credit for any given subject. The buildings are old, but the government contemplates a new building in 1949. The clinical facilities are excellent, with great numbers of hospitals supplying thousands of beds. About 230 necropsies are done each month for teaching purposes. The preprofessional educational system in Mexico follows closely the European plan already mentioned. First a boy has six years of primary instruction and five years of preparatory school corresponding to the Gymnasium of Germany, then a medical school with six years in curriculum.

The number of students registered in the freshman class is 900, but it has been limited to 700 for September 1948, and there is a hope of continued limiting of admission to 500. The school certainly does not have the facilities for such great numbers, and the number graduating in the sixth year is far below the number admitted, representing approximately 150.

There are many excellent libraries. Recently the Institute of Inter-American Affairs donated 2,000 new American textbooks to the library of the school of medicine. In physiology there are ten tables with equipment available for studies on the dog, and that number is to be increased to twenty-five in the next year. The university has just received a grant of $100,000 for improvement of its laboratories in teaching the basic sciences.

There are some provincial medical schools which are far behind the national school. There is a military medical school which is exceedingly careful about the admission of students, and there is a military hospital for advanced training which is amazing in its quality.

Much of the credit for the advancement of teaching of medicine in Mexico should go to Dr. Salvador Zubiran, at present president of the University of Mexico and also director of the institute for nutrition and research in metabolism. He is far sighted, constantly aware of progress elsewhere in the world, and earnest in promoting high quality of medical education. There is an institute for the study of cardiology directed by Chavez which is superior to any similar facilities in the United States. The new children's hospital associated with the general hospital has five hundred and fifty beds, and the quality of the service is again of the highest. A new maternity hospital with four hundred beds is in process of construction, and the plans have been drawn for rebuilding the general hospital with all services providing one thousand, two hundred beds in a modern institution.

SUMMARY

The fundamental inadequacy of the medical teaching in Latin America is admission of students to the freshman class far beyond the ability of the school to provide adequate education in the basic medical sciences, including particularly anatomy and physiology. The great number of students makes teaching by lecture and demonstration the method of choice rather than individual participation.

The internship as such is not used in most Latin American countries. The assistantship is emphasized, but the students remain for long periods under the professors. Nursing is so infrequent as to be for the vast mass of people relatively unknown. Customarily, patients come into the hospitals accompanied by a member of the family, who remains to care for them for the periods of serious illness.

Discipline is lacking, as is inevitable when students join in the administration of an institution.

Public health in Latin America is in the embryo stage. Death rates from tuberculosis are vastly in excess of those in the United States, and in all Latin American countries tuberculosis is first in the list of causes of death. In the United States it is seventh. Infant mortality, another measure of public health, is accompanied with rates so high as to be unbelievable. Thus in Chile I was told that one half of the children who are born die before they are 9 years old. Nevertheless, all statistics must be viewed askance, since modern biometrics are simply lacking. In most South American countries a small wealthy upper class is associated with a tremendous undernourished, impoverished and illiterate lower class.

Because of lack of access to modern periodical medical literature during the period of war, physicians have not kept abreast of advances in medical science. There is a tendency to overindulge in hypodermic medication. Knowledge of allergy has not progressed as it has in the United States. Pharmaceutic agencies, many of them branches of North American organizations, continue to supply preparations representing the worst type of polypharmacy, including mixtures of inefficient glandular products and vitamin combinations that are already beginning to disappear in North American medicine.

The special problems of Latin America include malaria, leprosy, typhoid, dysenteries and undernutrition, in addition to tuberculosis and the rarer tropical diseases.

There should be for the advancement of medical education in Latin America a competent survey of each school of medicine of the type made by Dr. Weiskotten in Peru, with a recommendation to the faculty and to the government as to the procedures that should be followed in bringing about progress.

Medical education is vital and fundamental to improvement of the public health and to the development of adequate leadership for overcoming the controllable diseases that now constitute a tremendous burden for the people. The advancement of sanitation in order to control unnecessary mortality from the diseases that have been mentioned is fundamental to improving the productive capacity of the people of these nations. The situation constitutes a vicious circle. The sick people cannot produce. Without production funds are inadequate to make progress even against sickness.

Strictly from the point of view of medical education, I must emphasize that the vast majority of Latin American nations do not welcome physicians from North America and make well nigh impossible the securing of a license. Nevertheless, most of our licensing boards will admit graduates of leading Latin American medical schools to the examinations, and considerable numbers of them have qualified in the past to practice in the United States. However, a suitable inspection of the medical schools would undoubtedly indicate that not more than five or six out of the present approximately fifty-four schools could today meet our minimum standards. Many of the graduates of the Latin American schools are coming to the United States for graduate study. For the most part they come with inadequate preparation in the basic medical sciences, and they find exceedingly difficult continuous pursuit of advanced study. When they return, local political conditions make it difficult for them to contribute even in their

own countries the knowledge and the practice that they have developed in their graduate study.

May I emphasize again that genius is not the particular property of any nation or race, nor does it require perfect facilities that it may thrive. In many parts of South America men of extraordinarily brilliant minds and exceeding competence in the field of medical research and medical practice can be found. Every possible encouragement should be given to such men to enable them to do the most that can be done for raising the general standard of medical education and medical practice in the Latin American countries.

LICENSURE EVALUATION OF EUROPEAN MEDICAL GRADUATES

JACOB L. LOCHNER Jr., M.D.
Albany, N. Y.

The Evaluation of Foreign Medical Credentials sounds uninteresting, and when Dr. Bierring asked me to speak at this meeting he suggested the title "Implications of Foreign Medical Graduates in Licensure," which to me seemed to be of more interest. This short presentation is therefore really a combination of both titles. I believe that you all know and realize that New York state has undoubtedly licensed more foreign born and foreign educated physicians than any other state in the Union. This large influx of foreign physicians in New York state began about 1926, and at that time the University of the State of New York was candidly unprepared to evaluate their credentials properly. As soon as the Board of Regents became aware of this situation they attempted to remedy it by requiring that all foreign medical credentials be evaluated by the Assistant Commissioner for Higher and Professional Education.

To determine properly the actual scholastic and professional standing of each foreign school from which the applicant presented credentials for recognition, the department set about the task of studying thoroughly each separate national system of education not only as it applied to university or professional study but also as it applied to the entire educational program of the country in question. In order to make a thorough investigation, the department consulted the experts on foreign education in the Office of Education at Washington and obtained further information from the offices of the American Medical Association, from the deans of many American Medical Colleges and from the offices of various outstanding national educational organizations. The 1932 report of the Commission on Medical Education which was organized in 1925 by the Association of American Medical Colleges substantiated the evaluations made by the department. This commission included many outstanding authorities on medical education. As a result of this complete study it can be said that between 1850 and 1913 German medical education was as good as any in the world and better than that of many other nations. In Austria-Hungary, in Scandinavia, in Holland and in German-speaking Switzerland the university type of medical school developed as it had developed in Germany. Before 1910 there were no barriers to the free migration of students and professors from one country to another. Neutral countries were not materially affected in regard to medical education by World War I, except for certain financial difficulties. Medical education in Austria was seriously affected by Hitler in 1938. The same holds true of the medical schools in Czechoslovakia and Hungary. The status of Russian medical schools is and has been questionable since prior to 1917. Except for one university in Greece and one in Turkey medical education in the Balkan states is not considered the equivalent of American medical education. The same policy would apply to Spain and most Spanish-speaking countries.

Read before the Forty-Fourth Annual Congress on Medical Education and Licensure, Chicago, Feb. 19, 1940

PRESENT POLICY OF NEW YORK STATE BOARD

The department insists that each applicant's credentials continue to be examined entirely individually and accepted or rejected on their own merits.

The present policy of the department in regard to foreign medical education is that medical education begun in Europe after Jan. 1, 1940 will not be recognized for admission to the New York state medical licensing examination with the possible exception of medical study completed in the Universities of Cambridge or London in England, the University of Dublin in Ireland and the University of Ireland. They further require that on account of the impact of World War I on foreign medical education, no foreign medical license issued after 1914 could be endorsed without examination. The result of requiring medical applications to pass through the office of the Assistant Commissioner has given the department a complete record of the curriculums and standards of every medical school in continental Europe. In my opinion our records are even more complete than the records in the United States Department of Education in Washington, D. C. Under this policy we require every foreign-educated physician to submit his student books, leaving certificates, diploma and license for medical practice. Now, what has been their success in passing the New York medical licensing examination? Their attitude has been, and strangely enough still is, that of arrogance and superiority. The majority have shown no friendliness or thankfulness to be allowed to come to this free and democratic country. They clearly resent being required to show their credentials and required to pass an examination. If they fail to pass they immediately make a loud cry and may complain to the Governor, a senator or an assemblyman that they answered perfectly and were being discriminated against. They always say that they know their rights, and yet most of them have been in this country only a short time. Not one out of a hundred candidates from approved schools will complain about the results of the examination yet many of the foreign physicians will complain! Do they come alone to complain? No! In practically every case they bring or send a member of the legislature, or even a member of Congress. For example a foreign-born physician who had taken our examination fourteen times without passing brought a member of the Senate to my office and insisted loudly that he knew as much as any American doctor and that he had answered the questions correctly and was being discriminated against because he was foreign born. I was able to convince the Senator that the answers were wrong, and I suggested that the doctor try the examination in some other state, which he did, and passed in his first try. The senator later thanked me for my advice.

The greatest number of foreign physicians were admitted to practice in our state in 1936-1937. During the next decade we licensed more foreign physicians each year than were licensed by all the other states

together. During the war years there were of course only a few foreign physicians who were able to come to the United States. Since the war the number of foreign physicians has increased greatly, and by the number of letters which my office is receiving every week we can expect a considerable number in the next few years.

RESULTS OF EXAMINATIONS OF FOREIGN PHYSICIANS

The results of the New York state medical licensing examination by foreign physicians has not been good, and it has varied practically not at all throughout the years—the percentage of failures has been around 66. In 1938, 1,211 graduates of foreign medical schools took our licensing examination and 511 passed. In 1939, 1,770 foreign graduates were examined; 521 passed; in 1940, 1,644 foreign graduates were examined: 540 passed; in 1941, 1,558 were examined and 575 passed; from 1942 to 1946, 4,975 were examined and 2,878 passed. In 1946, 315 were examined and 106 passed. In going over our records from June 1945 through February 1947, I found the percentage of failures of foreign graduates to be between 72 and 78. I was asked to present statistics on these failures in regard to the basic science subjects as compared to the clinical subjects. My answer to that request is that they show no difference in failures in the basic sciences as compared to the clinical sciences. I would like to point out a strange coincidence—you all know that by special rules of the Board of Regents certain graduates of grade B schools were admitted to our licensing examinations—the results for Middlesex medical graduates in the first two or three examinations was nearly comparable to foreign graduates, while another unapproved school had results as good as the students from approved schools outside of the New York state schools. The answer to this discrepancy was easily explained, since all of the teachers of the basic sciences and most of the clinical subjects at Middlesex were found to be refugee physicians. It has been my opinion that foreign physicians should be required to serve two years in an approved hospital before being admitted to the medical licensing examination in order that they may become familiar with American methods, American ethics and that certain sympathetic understanding in regard to the relationship between physician and patient that is decidedly lacking in physicians educated abroad.

NATIONAL ASSOCIATION FOR RESETTLEMENT OF FOREIGN PHYSICIANS

I want to take this opportunity to bring to your attention the fact that there is at present functioning the "National Association for the Resettlement of Foreign Physicians." The work of this organization is fulfilling a distinct need. The foreign physician is questioned as to his training, experience and practice and advised how best to fit himself for assimilation into our professional life, and I am told that he is usually advised to take an internship and a refresher course, which is given at the expense of the organization. This in my opinion is one of the most logical approaches to the situation, and this organization deserves a great deal of credit.

POLICY OF VETERANS ADMINISTRATION

And now in closing I present what I consider our biggest and most serious problem: I was shocked and amazed some time ago to learn that the Veterans Administration in Washington was advising veterans that they may attend any medical school in Europe at government expense, and they enclosed a mimeographed list that as far as I was able to ascertain named every single medical school abroad. You realize the serious implications of such a policy—it means that if these men go abroad and study medicine they will undoubtedly return to this their native country, and if they are unable to gain admission to the examination in their home state a cry of sympathy will go up; unless I am mistaken this will result in extreme pressure being brought to bear for these our veterans. It is my opinion that we should take steps to stop it now; tomorrow will be too late. I corresponded with the Veterans Administration in Washington on November 17 and under date of December 1 I received a letter from the Director of Registration, Research Service for Vocational Rehabilitation and Education, and a mimeographed list of schools of medicine in Europe. The first paragraph reads as follows:

> Lists of schools of Medicine in Europe independently established or connected with universities, which have been approved, insofar as the Veterans Administration is concerned, for the education of veterans under the provisions of Public Law No. 346, the Servicemen's Readjustment Act of 1944, as amended, otherwise known as the G. I. Bill of Rights.

Then follows a paragraph marked "special note," advising veterans of the names of eighteen states that will not accept foreign medical education and urging the veterans to check with his state board of medical examiners as to the acceptability of work from the foreign medical school which he has under consideration. It is said in this note that the information on foreign medical education was taken from THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION of May 13, 1945. Even though some veterans do inquire of their state board, I think you will agree with me that many will study abroad without making any inquiry, solely on the authority of this list backed by the Veterans Administration. I therefore suggest that secretaries of state boards and the Council on Medical Education write to Mr. Sam H. Coile protesting against the present policy. New York state has more physicians per capita than any other state or country, and the requests for endorsements of other state licenses continue at a high rate.

PRESENT STATUS OF NATIONAL SCIENCE FOUNDATION LEGISLATION

HOMER W. SMITH, Sc.D.
New York

On June 5 of last year, the Senate passed the National Science Foundation bill S. 526 by a vote of 79 to 8. A parallel bill (representing H. R. 1815, 1830 and 1834, introduced by Representatives Case, Mills and Priest, respectively) was passed by acclaim in the House a few days later. In both bills the authority of the Foundation was vested in a Board of twenty-four members, who were to be appointed by the President. The two bills differed, however, in that the Senate bill gave the President the power to appoint the Director (with the advice and consent of the Senate) after receiving nominations from the Board, whereas in the House bill it was specified that the Director was to be appointed by, and was to be responsible to, the Board. The compromise bill agreed on in joint conference followed the House bill, in that it stipulated that

From the New York University, College of Medicine.
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Table 5, which is fully explained in the text, has been omitted and will appear in the author's reprints.

the Director was to be appointed by the Board, and it was in this form that the legislation was sent to President Truman.

The President submitted this bill to pocket veto on August 6, giving his reasons in a memorandum which was widely publicized. Perhaps the most significant point in his memorandum was the statement that the proposed Foundation "would, in effect, vest the determination of vital national policies, the expenditure of large public funds and the administration of important government functions in a group of individuals who would be essentially private citizens. The proposed National Science Foundation would be divorced from control by the people to an extent that implies a distinct lack of faith in democratic processes."

New bills have been and will be introduced in the present session of Congress. One such bill, H. R. 4852, has already appeared in the House, sponsored by Representative Priest of Tennessee. This closely follows S. 526 as passed by the Senate last year, retaining the authority in the Board but giving the President the power to appoint the Director. Other bills are on their way. It is known that Senator Smith, Representative Wolverton, Mr. Steelman and Mr. Webb, of the Bureau of the Budget, have been attempting to find a compromise position satisfactory to the President, to the Congress and to scientists. A few days ago, Senator Smith's office advised me that they are optimistic that a satisfactory compromise will be reached within the next few weeks.

The President wants a National Science Foundation; Congress wants it, and the scientists want it. What, then, are the difficulties? The major difficulties still lie in the question of who is to run the foundation, and the relationship of the foundation to the over-all scientific program of the government.

THE STEELMAN REPORT

The importance of this issue can be appreciated only after looking at the total picture. Many important data have been made available to us in the recent report "Science and Public Policy" (Aug. 27, 1947), prepared at the President's request by Mr. John R. Steelman. In preparing this report Mr. Steelman had the advice of a number of persons both within and outside government circles, but that the report essentially reflects Mr. Steelman's personal opinions is clearly implied in his introduction.

From this report one learns that $1,160,000,000 was spent in the national research budget in 1947 by government, industry, the universities and miscellaneous sources. The government spent $625,000,000 (exclusive of atomic energy), industry $450,000,000 and the universities $45,000,000. It may seem that $1,000,000,000 is a large sum to spend on research and development, but it is to be noted that half of this sum represents governmental expenditures, and of this fraction almost five sixths ($500,000,000) was spent by the War and Navy Departments, overwhelmingly for research on weapons, vehicles, food, clothing, transportation and other matters of military importance. The universities' expenditures in all fields of science account for only 4 per cent of the total.

The Steelman Report recommends that by 1957 we should spend at least 1 per cent of our national income for research and development in the physical and biologic sciences, with much more emphasis on basic research, health and medicine and nonmilitary science than at present. This figure would exceed $2,200,000,000 a year, of which government funds would possibly supply half. Broken up by areas of research, the report suggests that $440,000,000 should be spent for basic research, $300,000,000 for medical research, $1,000,000,000 for nonmilitary development and $500,000,000 for military development.

TABLE 1.—*National Research Budget, 1947*

		Millions
Total		$1,160
Federal government		
War and Navy Departments	$500	
Other departments	125	
		625*
Industry		450
Universities		45
Other		40

* Exclusive of atomic energy

TABLE 2.—*National Research Budget, Expenditures as of 1957 as Recommended by Steelman Report*

	Millions
Total	$2,200
Basic research	440
Health and medical research	300
Nonmilitary development	1,000
Military development	500

These figures are possibly optimistic, and it is perhaps more pertinent to examine the proposed federal research program for the coming fiscal year (1948-1949), as revealed in the President's recent budget message. Out of a total of nearly $40,000,000,000 in the National budget request, approximately

TABLE 3.—*Federal Budget, 1948-1949*

		Millions
Total	$39,700,000,000	
Research and development, total		$900
National defense establishment		
Navy	$219	
Air force	145	
Army	81	
		550
Aviation	$220	
(Atomic Energy Commission		660)*
Department of Agriculture		50
National Advisory Committee on Aviation		48
Department of Interior		38
Department of Commerce		18
U. S. Public Health Service		27
National Science Foundation (1949, $5 million)		15

* This sum is not included in the $900,000,000 total

$900,000,000, or about 2 per cent, is pointed toward research and development. The largest spender is, of course, the National defense establishment, where the Navy leads with $219,000,000, the Air Force comes second with $145,000,000, and the Army third with $81,000,000; with other expenditures by the National defense establishment, these items total $550,000,000. Exclusive of atomic energy, the largest single area of research in the national defense program is aviation. when one adds the budget of the National Advisory Committee on Aviation to the expenditures of the National defense establishment in this field, the aviation total is $220,000,000. The Atomic Energy Commission will spend $660,000,000, a figure which is made public for the first time and one which exceeds all other defense items added together. (This figure is not included in the $900,000,000 already mentioned.) The Department of Agriculture will spend $50,000,000; the National Advisory Committee on Aviation $48,000,000; the Department of Interior, $38,000,000; the Department of Commerce, $18,000,000, and the United States Public Health Service, $27,000,000. The President included in his budget $15,000,000 for the proposed National Science Foundation. He anticipated that only $5,000,000 would be needed in 1949 but that another

$10,000,000 would be required to cover contracts extending into later years.

The $27,000,000 for the Public Health Service is directed entirely at medical research and development.

TABLE 4.—*Budget Request, United States Public Health Service, 1948-1949*

	Millions
Total	$27.0
National Institute of Health	13.6
National Cancer Institute	8.3
Construction	5.0

Research fellowships and grants sponsored by the National Institute of Health account for $13,600,000, while the National Cancer Institute requires $8,300,000 for research activities related to the prevention and cure of cancer. It is proposed to use the remaining $5,000,000 for construction of new research facilities for general medical research, including cancer and cardiovascular diseases.

The Steelman Report estimates that a total of $110,000,000 from all sources was expended for medical research in 1947, of which industry supplied 45 per cent, federal, state and local governments 28 per cent, foundations 13 per cent, voluntary associations 9 per cent and other sources 5 per cent. These figures exclude university expenditures from their teaching budgets and other sums of university origin, since these figures are small and probably not subject to calculation. However, some of this $110,000,000 has, of course, been spent in the universities—most of the foundation money and a substantial part of industrial and federal money has gone into university research

The federal government's direct investment in medical research has increased from less than $5,000,000 per year in 1937 to more than $28,000,000 in 1947. The channels of expenditures for 1947 are shown in table 6. In 1937 less than $100,000 of federal money

TABLE 6.—*Federal Expenditures in Medical Research*

Fiscal 1946-1947		Thousands
Total		$28,150
War Department		6,040
Navy Department		5,940
Federal Security Agency	$12,585	12,585
Public Health Service	490	
Food and Drug Administration	50	
Children's Bureau	115	
St. Elizabeth's Hospital		
Veterans Administration		2,520
Tennessee Valley Authority		260
Department of Commerce		50
All others		100
Extramural expenditures		10,000

was spent on medical research in universities, private institutions and industry; this extramural financing has increased to over $10,000,000 in 1947, when it accounted for nearly one third of the total federal expenditure for medical research. The government is to an increasing extent getting its medical (as well as other) research work done outside its own laboratories.

It is noteworthy that this government aid to extramural medical research is highly concentrated in a small number of institutions. More than one quarter of the five hundred and forty research projects supported by federal agencies in 1947 were located in seven medical schools. Nearly 40 per cent of all National Institute of Health grants in that year were located in ten medical schools, and 43 per cent of all medical research contracts sponsored by the Office of Naval Research were located in eight medical schools, four of which were among the ten schools heading the National Institute of Health list of grants. In noting this concentration of federal aid in a few schools, Mr. Steelman is not approving it. But it is implicit in his report that when one is spending the taxpayer's money and wants to get a job done, a conscientious and wise administrator will put his contracts with persons or institutions who appear to be best qualified to do the job. Any other action would be malfeasance. However, the problem remains of how to foster research, to entice personnel and to supply equipment to institutions where research is now not well developed, for no one entertains the idea that research ability is conditioned by geography. The National Institute of Health, the National Advisory Health Council and the Office of Naval Research are all aware of this requirement, and are trying within the provisions of existing law to make funds available for the development of research in less favored institutions. This would certainly be one of the important tasks of a National Science Foundation. But those familiar with Congress, with the Bureau of Budget and with the psychology of taxpayers will recognize the difficulties in this task.

Our present expenditures for research in all fields are of course many times what they were before the war. In 1930 our total national expenditure for research and development was $166,000,000. This

TABLE 7.—*National Research Budget (in Millions)*

Year	Total	Federal Government	Industry	Universities	Other
1930	$166	9*	$116	$40†	97
1932	191	39	120	25	7
1934	172	21	121	19	8
1936	218	33	152	25	8
1938	264	48	177	28	11
1940	343	67	234	31	12
1941-1945avg.	600	200	80	109	10
1947	2,500	(1,800)		250	

* Twelve per cent of total.
† Two per cent of total.

figure has risen to an average of $600,000,000 during the years 1941 to 1945, the big increment after 1938 being related to the war, as is shown by the fact that the expenditures of the government rose from $23,000,000 in 1930 to $500,000,000 in the years 1941 to 1945. Meanwhile the expenditures of the universities have actually decreased, and for the interval from 1941 to 1945 have averaged substantially less than one half of the level obtaining in the previous decade. The universities spent 12 per cent of the national research budget in 1930, and only 2 per cent from 1941 to 1945. As government spending has increased under the unavoidable impetus of war, the universities have been relegated to a financially minor and dependent position. What will happen in the future? The problem is a complex one, and no prognostication can be ventured now.

Mr. Steelman emphasized that the rapid expansion of research within numerous federal agencies makes better coordination of this research imperative. He listed three requirements: 1. An over-all picture of research and development among various federal agencies must be available. 2. A central point must be provided where the maximum interchange of information can be effected with respect to programs and administrative technics in these agencies. 3. There must be a single office close to the President at which the most significant problems created in the research and development program of the nation as a whole can be brought into top policy discussions.

Setting up an organization to accomplish these ends is not a simple task. Steelman said that the possible creation of a Department of Science was considered but that after consultation with scientists and administrators this was rejected.

Instead, he recommended that there be created an Interdepartmental Committee for Scientific Research, which was to include the Directors of the Geologic Survey, the Agricultural Research Administration, the Bureau of Standards, the National Advisory Committee on Aeronautics, the National Institute of Health and the Research Branch of the Atomic Energy Commission and appropriate representatives from the National Military Establishment (Army, Navy and Air Force), with possibly a representative from the Department of State and the Civil Service Commission, and the Director of the National Science Foundation if and when this comes into existence. (There are, however, eight or nine government agencies other than those named which are interested in research. For example, the Veterans Administration cannot be ignored.) Through this Interdepartmental Committee the scientific work of the federal agencies could be brought into balance and improved.

Shortly after this recommendation, such an interdepartmental Committee was, in fact, created by Presidential directive (December 1947), and it is now operating.

To return to university expenditures, the Steelman Report recommends that by 1957 some $250,000,000 should be spent through the National Science Foundation for basic research in all fields in universities and colleges. This figure does not include undergraduate scholarships and graduate fellowships, which Steelman thought should be incorporated into a broad program of financial aid to higher education of all types. The National Science Foundation should, he thought, be an inline government agency headed by a director who is appointed by the President and who is to be assisted by a part time advisory board of scientists and educators. Half of this advisory board should be drawn from existing federal agencies and half from the universities. The Foundation would thus be closely analogous to certain existing agencies, which use the services of nongovernmental scientists in an advisory capacity. Federal aid to medical research should be administered by a subcommittee composed of government and nongovernment scientists which, as part of the National Science Foundation, should function within the framework of the Interdepartmental Committee.

Expenditures for medical research alone expended through all channels, which totaled $110,000,000 in 1947, should, according to Mr. Steelman, be at least tripled by 1957; i. e., increased to a total of $300,000,000 per year. He gave no estimate of the amount which might go to the medical schools.

REPORT OF PRESIDENT'S COMMISSION ON HIGHER EDUCATION

Supplementing these data from the Steelman Report are the extremely valuable data recently presented (December 1947) by the President's Commission on Higher Education, working under Mr George F. Zook, Chairman of the American Council on Education This commission, in its report entitled "Higher Education for American Democracy," recommended that $150,000,000 per year be made available for scholarships and fellowships in all fields of higher education.

This highly interesting report estimates that one half of the population has the mental ability to complete fourteen years of schooling with a curriculum of general and vocational studies which should lead to gainful employment or further training at an advanced level, and that one third of the population has the mental ability to complete an advanced liberal or professional education. These figures far exceed the actual school enrolment at the present time. Only one tenth of the population in the age group of 20 to 24 years is attending school, presumably (and this is only implicit in the Commission's report) because of inadequate finances.

The American people, according to the Commission, should set as an ultimate goal an educational system in which at no level—high school, college, graduate or professional school—will a qualified person in any part of the country encounter an insuperable economic barrier to the attainment of the kind of education suited to his aptitudes and interests. Not only should high school education be improved and provided for all normal youth, but education through a two year junior college should be made available to all in the same way that high school education is now available, and financial assistance should be made available from the tenth grade through the two year junior college to competent students who would not otherwise be able to continue their education. Tuition should be lowered in publicly controlled colleges, and deserving students who require aid should receive it through four years of college and through professional training.

The Commission recommended, as does the Steelman Report, that financial assistance to undergraduate and graduate students of science should be administered not through the National Science Foundation but through a federal agency responsible for a broad program of scholarships and fellowships directed toward all forms of education, leaving it to the recipients to choose the areas in which they will work and the institutions they will attend.

Specifically in respect to medicine, the Zook Commission predicted that by 1960 there will be an acute shortage of doctors. Quoting the Federal Security Agency, it asserted that the deficit will be at least 26,000 in 1960; if actual and urgent needs for better medical service are met, the shortage will be 56,000 doctors. To produce 56,000 doctors between now and 1960 will require that the annual output be doubled. (These remarks are parenthetical, and I return to the subject of federal aid to research.)

For perspective, I have calculated the total expenditures for educational purposes in 1939 of one hundred and fifty-nine universities and colleges, choosing all institutions which it seemed to me would conceivably participate in scientific training and research. The sum amounted to slightly over $300,000,000. The government's contribution of $250,000,000 for research in universities plus some undetermined figure for scholarships and fellowships would represent then nearly one half of the total educational budget in relevant schools.

Against this background, you can doubtless see why the issue of who should control a National Science Foundation has been of paramount importance, both to Washington and to scientists. The administration wants a Presidentially appointed director and a conventional inline government agency, while the majority of scientists want a nongovernmental board. The issue is perhaps one of the most important ever to be faced by science, or by the universities. (I have reported that Senator Smith and Mr. Wolverton are optimistic about reaching a suitable compromise in the next few weeks, but what that compromise will be cannot be said at this time.)

DANGERS STILL THREATENING ESTABLISHMENT OF FOUNDATION

As matters stand, there are still some technical dangers which threaten the establishment of a National Science Foundation. The new Interdepartmental Committee is now responsible for the expenditure of $500,000,000 of the $625,000,000 of government money. Assuming that the Interdepartmental Committee is not brought under the control of or made a part of the National Science Foundation, the latter may seem to Congress a relatively unimportant affair, and Congress may decide to put more money into the universities through existing government agencies rather than to create a new one. Or, with a large fraction of nondefense government money being spent by the Federal Security Agency, Congress may decide to increase the appropriation to that agency and let it take over all federal aid, other than defense, to the universities for all fields of science.

The aforementioned estimates of proposed federal aid to science and education may excite in you both happy anticipation and nervous alarm. I think one will do well not to take the figures too seriously. It seems doubtful that an economy-minded 80th Congress would appropriate more than a fraction of the sums mentioned. You will recall that against the $250,000,000 mentioned by Mr. Steelman as needed for university research of all kinds, and the $150,000,000 mentioned by Mr. Zook as needed for higher education of all kinds, the President modestly asked for $5,000,000 for a potential National Science Foundation for the coming fiscal year. This is only 1 per cent of the sums mentioned. We are at the moment in a phase when the national income is large, and money, to use the vulgar expression, is easy. We are enjoying the dubious blessings of a paternalistic federal government which is hopeful of solving most of our ills by legislative action and financial aid. But nothing in what I can glean from the crystal ball of the economists confirms me in the hope that our economic system is permanently stabilized beyond the danger of misadventure, that money will always be easy, that a paternalistic Congress will always sit in Washington, that we can always think in terms of a federal budget of $40,000,000,000, or that some day we may not have to wash test tubes ourselves, again.

It is frequently said that scientists are poor businessmen, owing to the fact that they live in ivory towers and breathe the rarefied air of intellectual abstraction. This may be true of physicists and chemists, for whom I cannot speak, but I challenge any Congressman, government official or businessman to make a dollar go farther than the average medical educator or medical researcher who has a genius for turning dollars into rubber, a genius which remains unrecognized by the Bureau of the Budget and other financial wizards.

You will recall that at the outbreak of the war the total annual budget of our 77 medical schools amounted to $26,000,000, only one quarter of what Mr. Steelman estimates is now spent on medical research and less than one tenth of what he recommends that we should spend. What proportion of our total budget we actually spent on research cannot be determined by any financial wizard for reasons that are clear to you all, but I would guess that it was not much in excess of one fifth, or about $5,000,000 per year, only one sixtieth of Mr. Steelman's optimal figure. Our annual expenditures for medical research have probably never exceeded this figure, and it was on this sum that American medicine forged to world leadership between 1900 and 1940.

When aiding Dr. Bush in the preparation of his report, "Science—the Endless Frontier," his Medical Committee made as thorough a study of the problem as was feasible in the few months available to them; and, partly on the basis of inquiries directed to all the deans of the medical colleges, as to how much money they could wisely use, the committee arrived at the recommendation that government aid to medical research, including fellowships, should take the form of $5,000,000 the first year, increasing over a period of five years to $15,000,000. I think that it was Bernard Shaw who said that you can never get the chill of poverty out of your bones. Clearly Dr. Bush's Medical Committee did not and do not yet know what $300,000,000 looks like.

In looking to the future, I look first to the past. Medical science owes its existence to the need to care for the sick and to the need to train new doctors to care for the sick. The care of the sick and the training of physicians is the black soil from which our medical science and the economic security of our medical scientists have come. Research has always been something of a dividend both for us and for society, one of the fruits of our service. This will possibly not always be true. I think it certain that in the near future we shall have federal aid in some form or other for medical research and education. But I foresee what seems to me to be a real danger. You can all recall the thirties when doctors of science were driving taxis in Germany, and you may have heard of the experienced restaurateur in New York who hung a sign in his window reading: "Dishwasher wanted. Must be Ph.D."

Except for temporary training fellowships, I tell my men that they must either take care of the sick or teach others how to do so. I assure them that about half of their time will be available for research, as an obligation to science and a dividend from society. So far, they seem to have liked this disposition of their lives, and their time has certainly been productively spent. They are poor, yes, but like Antaeus, the wrestler whose feet must remain implanted on the earth lest he lose his strength, they know their strength and whence it comes, and feel secure. I am not sure that by and large they could feel so secure, or could be as productive scientifically, if they did otherwise. But perhaps I am something of a pessimist, too much inclined to look down the horse's throat with a bronchoscope. You will doubtless discount this chronic ailment on my part in making your own assessments of the future.

Addendum: On March 25, 1948, a National Science Foundation Bill was introduced in the Senate (S. 2385) by Senator H. Alexander Smith for himself and Senators Gurney, Reverscomb, Saltonstall, Thomas of Utah, Kilgore, Magnuson and Fulbright. An identical bill has been introduced in the House of Representatives, H. R. 6007, by Representative Charles A. Wolverton. The bill provides for a twenty-four member foundation, an Executive Committee of nine members and a director who is to be "appointed by the President, by and with the advice of the Senate, after receiving recommendations from the Foundation." The division of National Defense is eliminated, presumably because the Research and Development Board of the National Defense Establishment will supervise all fundamental military research. This makes the National Science Foundation a purely civilian organization. S. 2385 contains no provisions for the establishment of an Interdepartmental Committee on Science, presumably because such a committee has already

been established by executive order. Apart from these changes, S. 2385 closely follows S. 526 introduced into the Eightieth Congress, First Session, and carries out the recommendations made by the various scientific groups who are interested in a National Science Foundation.

Clinical Notes, Suggestions and New Instruments

PENICILLIN IN TREATMENT OF WOUNDS INFLICTED BY A LION

ALEXANDER HERSHMAN KEMP, M.D.
Angola, Africa

For some years medical literature has been replete with reports of the use of penicillin for various types of infection, but so far as I know there has been no report of its use following a mauling of a person by a carnivorous animal. Hence the present report.

On the morning of Aug. 20, 1947 a man who had been mauled by a lion was brought to our mission hospital. The hospital is situated in West Central Africa, 9 degrees south of the equator, 300 miles inland from the west coast. There are lions, leopards, water buffaloes and other game in this region, and occasional victims of these animals are brought to our hospital for treatment. The staff consists of one American-trained doctor and an American nurse trained here, a typical "bush hospital."

Our present patient was a mulatto aged 43 years, robust of physique and a professional hunter by trade. He was heavily bandaged about the head, left arm and shoulder, and in a state of collapse. When he was able to talk he stated that about 8:30 on the previous morning he had been hunting about 160 kilometers (100 miles) distant from the hospital and about 20 kilometers (12 miles) from an automobile road. He had shot twice at a lion, hitting it with each shot. He claimed that he had used all precaution in approaching the spot where he had seen the lion drop, but he could not explain how the lion had made its surprise attack or whether it had used it teeth or claws or both in the attack. His companions came to his rescue, improvised a hammock and carried him to the automobile road, where a truck was secured to carry him to the nearest plantation, 25 kilometers distant, where he was given first aid. Another truck was then secured to take him 65 kilometers to a town, where a nurse redressed his wounds and gave him an injection of tetanus antitoxin. He was then brought to our hospital, 70 kilometers farther on, where he had been treated two months before for another condition.

The patient was in a state of shock peculiar to victims of attacks by wild animals, which was out of all proportion to what would be expected from similar wounds inflicted by machinery or in an automobile accident. Apparently he had been wounded only by the teeth of the lion, as all of the wounds were puncture wounds, not one being of a torn nature. When a leopard or lion uses its claws the wounds are like those made by a sharp razor, deep and cleancut. One tooth had cut downward through the left eyebrow and the edge of the upper lid. There were eleven wounds on the left arm, a similar number on the left side of the chest, three on the forearm and several on the shoulder. Apparently the animal had sprung on the victim and clamped his jaws several times without tearing the flesh, as sometimes happens. There had been considerable loss of blood, though the great prostration was probably not from this cause. The wounds were again dressed, this time with 1 per cent phenol solution, which is routine with us and has given satisfactory results with ordinary wounds such as those received in our carpentry shop. We applied penicillin ointment and gave the patient 5 Gm. of sulfathiozole by mouth in three doses and an injection of neoarsphenamine, 0.75 Gm., which is also routine with us, and morphine.

Our previous experience in treating wounds inflicted by wild animals has been in harmony with that cited by Castellani and Chalmers in their "Manual of Tropical Medicine."[1] Regardless of how thoroughly such wounds are debrided and cleansed, infection always follows, as the teeth and claws of such animals always are contaminated with various types of bacteria including the saprophytic. Cellulitis almost always and gangrene frequently follows because of this infection. I have never known a bite from a wild animal to heal by first intention, and usually a considerable period of time elapses before such wounds close.

Castellani and Chalmers recommended that all puncture wounds made by wild animals be opened widely for drainage, provided the condition of the patient allows this. The condition of our patient did not justify this. By the fourth day all of the wounds were discharging profusely, and the left hand was extremely edematous. We had been dressing the wounds daily and giving 3 Gm. of sulfathiozole daily. We then gave an injection of penicillin in oil and beeswax, 300,000 units, repeating this daily until a total of 1,500,000 units had been given. On the sixth day after the accident I gave another injection of neoarsphenamine, Gm. 60. The profuse discharge gradually lessened, and by September 15 had ceased.

About the fourth day of hospitalization a severe cough developed which prevented sleep day or night. The lungs showed no pathologic changes, which led me to believe that the cough was caused by the toxins of the infection. Four weeks after the accident the patient was discharged in good condition.

Judging by previous experience with wounds inflicted by wild animals, this patient would have had slight chance of recovery within six months of the accident, and it is highly probable that there would have been a fatal outcome. It was the universal opinion of our natives, and they have had much experience with such accidents, that the prognosis for this man was hopeless. I attribute his recovery, rapid and complete, to the penicillin.

Council on Pharmacy and Chemistry

NEW AND NONOFFICIAL REMEDIES

The following additional articles have been accepted as conforming to the rules of the Council on Pharmacy and Chemistry of the American Medical Association for admission to New and Nonofficial Remedies. A copy of the rules on which the Council bases its action will be sent on application.

AUSTIN SMITH, M.D., *Secretary.*

FIBRIN FOAM.—A sterile, dry preparation of fibrin prepared from fraction I of citrated normal human plasma as fractionated by the method of Cohn (*J. Am. Chem. Soc.* **68**:459, 1946). It complies with the requirements of the National Institute of Health of the United States Public Health Service.

Actions and Uses.—Fibrin foam (human) acts as a mechanical coagulant and in combination with thrombin gives a chemical as well as a mechanical matrix for coagulation. It has been used in surgery of the brain, liver, kidneys and other organs where ordinary methods of hemostasis are ineffective or inadvisable.

Dosage.—Apply directly to oozing surface.

Tests and Standards.—

Fibrin foam (human) consists of small, yellowish, rectangular, fragile, spongelike pieces which become compressible and resilient when completely wetted with water. The loss on weight on drying a specimen of fibrin foam over phosphorus pentoxide in vacuo is not more than 5 per cent. The residue on ignition shall not exceed 8 per cent.

Peptic digestion of a 50 mg. piece of fibrin foam in 100 cc. of a 1 per cent solution of pepsin N.F. in tenth-normal hydrochloric acid at 37° C. shall require less than thirty minutes.

CUTTER LABORATORIES, BERKELEY, CALIF.

Fibrin Foam and Thrombin (Human): Packages containing a 250 mg. (0.25 to 12.55 cc.) jar of fibrin foam, a vial of thrombin (human) containing not less than 200 units and a 20 cc. vial of isotonic sodium chloride solution.

The thrombin supplied meets the requirements of the National Institute of Health of the United States Public Health Service and is derived from human plasma.

Licensed to Research Corporation under U.S. Patent 2,389,074.

1. Castellani, A., and Chalmers, A. J.: Manual of Tropical Medicine, ed. 3, New York, William Wood & Company, 1920.

APPROVED INTERNSHIPS AND RESIDENCIES IN THE UNITED STATES

ANNUAL REPORT ON INTERNSHIPS AND RESIDENCIES BY THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE AMERICAN MEDICAL ASSOCIATION

F. H. Arestad, M.D., E. K. Reid, M.D., and E. H. Leveroos, M.D.

The approved internship and residency lists previously published in August of each year are now appearing for the first time in a special Internship and Residency Number of THE JOURNAL. The transfer of these lists from the August Educational Number of THE JOURNAL to the earlier publication date has been made so that information on educational services may be available at a more convenient time to those who, later in the year, will be seeking internship and residency appointments for 1949.

The present internship list contains the names of all hospitals approved by the Council for intern training as of April 1, 1948. These hospitals are listed alphabetically by city and state and show also the type of ownership or control, bed capacity, number of patients admitted, percentage of service cases, percentage of private patients assigned to interns, type of internships offered, length of training, number of internships available, affiliated assignments, outpatient service, necropsy percentage, monthly stipend and date of internship assignment. In the present list for the first time indication appears of internship hospitals affiliated with individual medical schools as (1) a major unit in the school's teaching program or (2) a limited assignment for undergraduate clinical clerkships. Various factors relating to hospital internships are described in subsequent sections of the report, which includes a special study on the supply and distribution of interns.

The residency list includes all hospitals approved by the American Medical Association for residency training as of April 1, 1948. The hospitals are listed in accordance with individual specialties and show in connection with each training program the chief of service, the volume of teaching material available, number of residencies offered, length of training, date of residency assignment and monthly stipend. In the fields in which specialty Boards have been established, it is indicated in the corresponding sections of the list that the residencies approved by the Council are likewise acceptable to the respective Boards.

Grateful acknowledgment is made to the individual internship and residency hospitals, the medical schools, the specialty Boards, the Army, Navy, United States Public Health Service, Veterans Administration, the hospital administrators, educational directors, staff physicians and other personnel whose generous cooperation has made possible the preparation and publication of these lists.

Number of Internships

As of April 1, 1948, 798 hospitals in the United States were approved for intern training, as well as 9 outside the country. Those listed include 41 under federal control, 120 under governmental control other than federal, 16 proprietary institutions, 295 church sponsored, and 335 non-profit associations. They offer a total of 9,118 internships including 16 in the Canal Zone, 18 in Puerto Rico and 26 in Hawaii. These are not all available annually, however, since 979 of the total number are for periods in excess of twelve months. Since the publication of the Educational Number, August 16, 1947, the Council on Medical Education and Hospitals has approved 17 new hospitals.

In the federally controlled group, the U.S. Army now offers 108 internships, the U.S. Navy 117, the U.S. Public Health Service 115 and the Federal Security Agency 30.

In the publication of the list of hospitals approved for intern training, teaching hospitals have been identified this year for the first time. For purposes of this list, a hospital has been designated as a teaching hospital if its inpatient services are used by junior or senior medical students for clinical clerkships. A reference note indicates the medical school or schools with which the hospital is affiliated.

Internship Vacancies

For many years the number of approved internships has been greater than the number of physicians graduated annually. Prior to the war, however, relatively few approved internships were not filled. During the war certain dislocations in the supply and distribution of interns were inevitable. With the end of the war, however, a full return to the prewar pattern of the supply and distribution of interns did not occur, and considerable attention has been centered during the past two years on the fact that a number of approved internships have remained vacant. Because of the general interest in this problem, statistics with respect to vacant or unfilled internships for

the current year, and for 1944 and 1939 have been analyzed. The important findings of this analysis are summarized below under several headings, including the number of internships vacant; the number of hospitals having internship vacancies, and the number of admissions per intern.

Table 1.--*Approved Hospitals, Internships and Medical School Graduates 1938-1948*

Year*	Number of Hospitals	Number of Internships	Number of Graduates
1938	729	7,354	5,194
1939	734	7,833	5,089
1940	732	7,998	5,097
1941	735	8,182	5,275
1942	740	8,353	5,163
1943	760	8,180	5,233
1944**	766	5,602	10,303***
1945	785	8,429	5,136 (to June 30th)
1946	798	8,584	5,826 (to May 31st)
1947	764	8,539	6,389 (to June 30th)
1948	807	9,118	5,716 (estimated)

*Year of publication
**Quota year
***Includes 2 classes

(U.S. Army, U.S. Navy hospitals and those outside the United States not included in 1938-1947 figures.)

Number and Distribution of Internship Vacancies

The gradual increase in the number of approved internships during the past ten years is shown in table 1. The number of graduates has increased by 12 per cent.

The distribution by states of the number of internships and interns on duty is shown in table 2.[1] New Hampshire, offering a relatively small number of internships, reported no vacancies. Of those states offering 100 or more internships, Minnesota showed the lowest percentage of vacancy, 6.9 percent, with California and Georgia next, both indicating vacancies of 10.5 percent. Conversely, Maine showed the highest percentage of vacancies, 79.1 percent, and Montana the next highest, 71.4 percent; these two states together offered a total of 31 internships. Of those states listing 100 or more internships available, Indiana indicated the greatest percentage of vacancy, 32 percent; New Jersey and Ohio followed with 28.4 percent and 28.2 percent, respectively.

The annual demand for interns has been increased not only by the establishment of additional internships but also by the fact that a much greater proportion of the internships are now offered for a one year period only. In 1939 there were 1,738 internships of over one year's duration while in 1948 the number of such internships is only 979. The decline in the number of the longer type internships is attributable in part to the fact that more physicians enter residency training after the first year of internship, with a consequent lessening of demand for the two year plans, and to the fact that some hospitals have been unable as yet to convert from their shorter wartime programs. Further analysis of the data listed in table 2 reveals that the teaching group offered 46.8 percent of the total number of internships while the non-teaching group accounted for 53.2 percent. Teaching hospitals reported 8.6 percent of their positions unfilled, while 32.2 percent of the positions in the non-teaching group were vacant. To recapitulate, there were 8,609 internships offered in the hospitals included in this group, 4,034 in the teaching institutions and 4,575 in the other; 6,902, or 80 percent of these were filled, with 3,709 interns on duty in the teaching hospitals and 3,193 in the non-teaching group. Vacancies number 1,781 with 348 in the former hospitals and 1,433 in the latter; the over-all percentage of vacancies was 20 percent.

[1] Data for 1947-1948 presented in the text, charts 1 and 2 and tables 2 to 5 include 185 teaching and 563 non-teaching hospitals furnishing sufficient information for statistical analysis.

Table 2.--*Internships Available and Interns Assigned by States (1947-1948)**

State	Number of Internships*	Number of Vacancies	Number of Interns Assigned	Percentage Vacancy
Alabama	62	15	47	24.2
Arizona	15	4	12	26.6
Arkansas	28	14	14	50.0
California	558	56	503	10.5
Colorado	72	6	69	8.3
Connecticut	198	33	165	16.6
Delaware	33	3	30	9.9
Dist. of Col.	133	24	109	18.0
Florida	57	16	41	28.0
Georgia	114	12	104	10.5
Illinois	691	178	522	25.8
Indiana	184	59	125	32.0
Iowa	65	21	44	32.3
Kansas	53	30	23	56.6
Kentucky	80	21	59	26.2
Louisiana	213	35	178	16.4
Maine	24	19	5	79.1
Maryland	268	51	230	19.0
Massachusetts	416	79	347	18.9
Michigan	374	68	312	18.7
Minnesota	175	10	168	6.9
Missouri	329	83	246	25.2
Montana	7	5	2	71.4
Nebraska	55	12	43	21.8
New Hampshire	9		9	
New Jersey	380	108	272	28.4
New York	1538	219	1324	14.2
North Carolina	126	13	113	10.3
North Dakota	8	5	3	62.5
Ohio	467	132	343	28.2
Oklahoma	53	16	38	30.1
Oregon	69	9	60	13.0
Pennsylvania	799	214	585	26.7
Rhode Island	43	7	36	16.2
South Carolina	43	8	35	18.6
Tennessee	168	22	135	14.9
Texas	220	52	168	23.6
Utah	50	17	33	34.0
Vermont	10	2	8	20.0
Virginia	116	27	89	23.2
Washington	119	23	96	19.3
West Virginia	41	17	24	41.4
Wisconsin	166	33	133	19.8
	8609	1781	6902**	20.5

*Includes 748 of 807 hospitals approved; excludes Federal hospitals, those outside the United States and 22 others.
**27 hospitals had 74 interns assigned in excess of number offered.

Number of Hospitals Affected by Internship Vacancies

Charts 1 and 2 present the problem of internship vacancies from the standpoint of the number of hospitals involved and the degree to which they are affected. Hospitals presently classified as teaching are similarly grouped in the 1939 and 1944 data. In 1939, 78.5 percent of 704 approved hospitals had full complements of interns with only 1.7 percent of the teaching hospitals and 6.0 percent of the non-teaching hospitals having less than half of their internships filled. By 1944, the number of hospitals having all assignments filled had decreased

to 62.4 percent. Hospitals with vacancies in excess of one half the number available had increased to 7.8 percent of those classified as teaching and to 20.9 percent of the others. Currently, only 33 percent of the number of hospitals with intern programs have complete intern staffs; 9.7 percent of the teaching hospitals and 30.2 percent of the nonteaching group have less than half their required number of interns. A further breakdown of these data indicates that, in 1948, when one third of all hospitals in the survey group reported no vacancies, an additional 22 percent reported that at least three-fourths of their positions were filled. Twenty percent had between one half and three fourths of their full quota, and 25 percent had less than half their internships filled, including 87 hospitals reporting no interns; and of this group, 57 had one or more residents assigned. Of the entire group of hospitals surveyed, therefore, only 30 hospitals were without interns or residents during the past year. It is evident that a direct correlation exists between the size of a hospital and the proportion of intern vacancies. Data presented numerically in table 3 and graphically in chart 2 demonstrate the increased concentration of interns in larger hospitals. In 1939 when intern vacancies were relatively few, a fairly equable distribution was evident among hospitals of various sizes; any inequality was confined to those of 150 beds or less and even this was slight. At the present time, however, with the vacancy problem of greater proportions, the smaller hospitals have been considerably more affected. In the 450 bed and over category, 54.8 percent reported they had their full intern complement while less than 2 percent reported vacancies in excess of one half those offered. Hospitals of 150 beds and under, however, had only 29.3 percent reporting no vacancies, with 37.5 percent showing vacancies of more than one-half those available. The inverse proportion between size of hospital (i.e., bed capacity) and internship vacancies is fairly constant for all four groups.

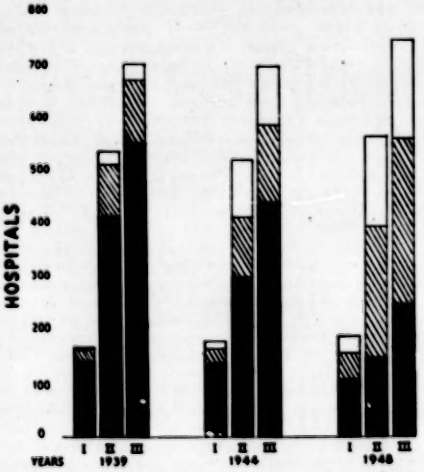

Chart 1.—Number of approved hospitals and percentage of vacancies, 1939-1944-1948: I, teaching hospital; II, nonteaching hospital; III, combined. The white portion of the column indicates 51 to 100 per cent vacancies; the shaded portion, 1 to 50 per cent vacancies, and the black portion, no vacancies.

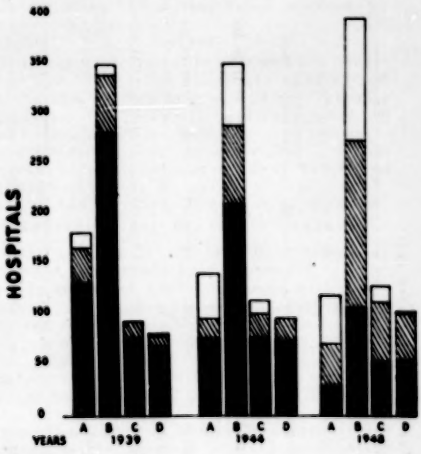

Chart 2.—Internship vacancies correlated with bed capacity, 1939-1944-1948: A, 150 beds or less; B, 151 to 300 beds; C, 301 to 450 beds, and D, 451 beds and over. The white portion of the column indicates 51 to 100 per cent vacancies; the shaded portion, 1 to 50 per cent vacancies, and the black portion, no vacancies.

To summarize, from the data presented in charts 1 and 2 it is apparent that under the existing conditions in which the number of internships in hospitals approved for training exceeds the number of interns available, a fairly broad distribution of interns obtains. However, it can be seen that an increasingly higher proportion of the interns available are accepting appointments in the larger hospitals and those affiliated with medical schools.

Ratio of Interns on Duty to Annual Admissions

A further pertinent consideration in evaluating intern vacancies is that of hospital admissions. It is apparent that with an increase in the number of annual admissions, an approved hospital will require additional interns.

Data covering hospital admissions for the three years under consideration are contained in table 4. Average admissions per hospital for both groups increased by 35 per cent from 1939 to 1948, with an increase in the teaching group of 28 per cent and an increase of 38 per cent for the non-teaching hospitals. In

Table 3.--*Internship Vacancies Correlated with Hospital Bed Capacity*

	1939				1944				1948			
		Vacancies				Vacancies				Vacancies		
Number of Beds	Number of Hospitals	None	50% or less	51-100%	Number of Hospitals	None	50% or less	51-100%	Number of Hospitals	None	50% or less	51-100%
150-less	182	127(69.8%)	39(21.4%)	16(8.8%)	140	75(53.5%)	19(13.5%)	46(33.0%)	120	31(29.2%)	40(33.3%)	49(37.5%)
151-300	350	281(80.3%)	58(16.4%)	11(3.3%)	351	210(58.4%)	77(21.9%)	64(19.7%)	395	108(27.3%)	166(42.0%)	121(30.7%)
301-450	92	76(82.6%)	16(17.4%)		112	75(66.9%)	24(21.4%)	13(11.7%)	129	53(41.0%)	60(46.5%)	16(12.5%)
451-over	80	69(86.3%)	10(12.5%)	1(1.2%)	95	74(77.7%)	21(22.3%)		104	57(54.8%)	45(43.3%)	2(1.9%)
	704	553	123	28	698	334	141	123	748	249	411	188

Table 4.--*Number of Interns in Relation to Annual Admissions*

	1939			1944			1948		
	Teaching Hospitals*	Non-Teaching Hospitals	Combined	Teaching Hospitals*	Non-Teaching Hospitals	Combined	Teaching Hospitals	Non-Teaching Hospitals*	Combined
Number of Admissions (thousands	1610	2872	4482	1801	3399	5200	2301	4063	6364
Number of Interns on Duty	3220	3860	7080	2807	2290	5097	3709	3193	6902
Number of Admissions per Intern	499.9	744.1	633.1	641.6	1484.2	1020.2	620.3	1272.4	922.0
Average Admissions per Hospital	9698.1	5241.7	6305.8	10118.6	6534.6	7451.4	12440.1	7216.9	8507.5

*Hospitals classified as teaching in 1948 are similarly grouped in 1939 and 1944.

addition to the increased number of admissions per hospital, there was an appreciable drop in the number of interns on duty in the non-teaching hospitals. As a consequence, the number of admissions per intern, in this group, has increased by approximately 70 per cent. In the teaching hospitals, it has increased by about 25 per cent during the same period. In 1939 the number of admissions per intern in the non-teaching hospitals exceeded that for the teaching group by 49 per cent, while in 1948, this had increased to 105 per cent. The apparent disproportion of interns in teaching hospitals, however, must be considered in the light of the duties involved and the number of patients with which the intern is directly concerned. In the smaller non-teaching hospitals many of the patients admitted are not available to the intern for instructional purposes. While many such hospitals list the majority of all private patients as available for intern training, the degree to which the intern is responsible for this type of patient varies markedly. Additional demands on the intern's time in a teaching hospital also affects the number of admissions for which he can assume responsibility.

In summary, it is apparent that many factors enter into the consideration of internship vacancies: the increased intern requirements of Army and Navy hospitals, the increased number of hospitals approved for intern training, the decrease in the number of 18 months' and 24 months' internships, the trend towards beginning residency training after one year of internship, and the apparent concentration of interns in hospitals of larger size as well as in teaching institutions.

The effect of the war on the pattern of the supply and distribution has not been entirely removed. In the last six months of 1947 approximately 3,000 men who had completed their first year of internship were called to active duty in the armed services and were not available for a second year of internship. Until more stabilization has been achieved, it will be difficult to evaluate the relative importance of the factors listed above in contributing to the problem of internship vacancies.

Autopsies

Autopsy percentages of hospitals included in the 1948 survey group are given in table 5. The majority of hospitals approved had little difficulty in meeting the minimum requirement of 15 percent. Of the teaching hospitals, 122 (66 percent) had rates of 40 percent or over; in the non-teaching group, 214 (38 percent) were able to maintain a rate of this level. Again, in the teaching group, less than 5 percent (9 hospitals) indicated rates of 20 percent or below; 12 percent (69 hospitals) of the non-teaching group were below 20 percent. There was some degree of correlation between vacancies and autopsy percentages, with hospitals having lower autopsy rates showing a greater percentage of vacancies; 45 (57 percent) of the non-teaching hospitals without interns had an autopsy rate of 30 percent or lower; 106 (74 percent) of the non-teaching group having no internship vacancies had autopsy rates in excess of 30 percent.

Stipend

Data concerning monthly stipends are available for 738 of the hospitals studied. Of this group, 60 teaching and 24 non-teaching hospitals (11 percent) paid no stipend; 98 teaching and 240 non-teaching (46 percent) paid $50.00 or less; an additional 265 (36 percent) offered amounts from $51.00 to $100.00 while 51 hospitals (7 percent) stipulated amounts in excess of $100.00.

Facilities for Residency Training

Hospital facilities for the training of resident physicians have increased tremendously in recent years. Compared with 1941, when 5,256 residencies were available, the present total of 15,172 as of April 1, 1948 represents an increase of nearly 200 per cent. These services include 12,402 approved residencies in nonfederal hospitals and 2,770 in the federal group, including 2,118 in hospitals operated by the Veterans Administration. The number of hospitals currently approved by the American Medical Association for residency training is 1,102. However, many institutions offer training in several fields and thus a total of 3,737 separate programs are represented in the list of Approved Residencies and Fellowships published in this issue of THE JOURNAL.

The list of approved residencies is divided into twenty-seven groups classified alphabetically according to field of training. The individual hospitals in each group are listed alphabetically by city and state and show also the chief of service, the volume of teaching material available, necropsy percentage, number of residencies offered, date of residency assignment, length of training and monthly stipend. In the sixteen fields in which specialty boards have been established, it is indicated in the corresponding sections of the list that the residencies approved by the Council are likewise acceptable to the respective boards. This designation of Board acceptance is shown in relation to (1) anesthesiology, (2) dermatology and syphilology, (3) internal medicine, including

Table 5.--*Autopsy Percentage*

	20%-less	21-30	31-40	41-50	51-60	61-70	71-80	81%-over	Total
Teaching Hospitals	9	25	29	48	35	22	9	8	185
Non-teaching Hospitals	69	154	116	103	65	32	13	1	563

allergy, cardiovascular disease, gastroenterology and pulmonary diseases, (4) neurologic surgery, (5) obstetrics and gynecology, (6) ophthalmology, (7) orthopedic surgery, (8) otolaryngology, (9) pathology, (10) pediatrics, (11) physical medicine, (12) plastic surgery, (13) psychiatry and neurology, (14) radiology, (15) surgery and (16) urology.

It should also be noted that the number of years of credit allotted by various specialty boards is indicated in the residency list by footnotes 1 to 3 included immediately after the name of the hospital. This information is furnished in the fields of dermatology and syphilology, neurology, obstetrics and gynecology, orthopedics, pathology, pediatrics, psychiatry, radiology and urology. It is anticipated that in the near future similar information will also be available in relation to other specialties.

While there is no certification in contagious diseases, as such, training credit for six months in approved residencies in this field may be granted by the American Boards of Internal Medicine and Pediatrics. Similarly, in malignant diseases some credit toward eligibility for the certification examinations may be granted by the American Boards of Surgery, Pathology and Radiology. The American Board of Surgery has indicated that two years of training credit may be allowed for work in an approved residency in one of the more specialized fields of surgery, such as neurologic surgery, plastic surgery or thoracic surgery. General residencies, which represent general hospital assignments of one or more years after the internship, do not, as a rule, carry credit toward certification by the specialty boards. A separate residency classification has recently been established in occupational medicine, and institutions desiring residency approval in this field should apply directly to the Council on Medical Education and Hospitals.

All of the specialty boards are cooperating with the Council on Medical Education and Hospitals in the evaluation of residencies in their respective fields. This program of cooperative study and appraisal of educational services was inaugurated in 1939 and has proved highly successful not only in the evaluation and approval of individual hospitals, but also in the development of uniform standards and the establishment of residency lists equally acceptable to the Council and the respective specialty boards.

Toward the end of the war large numbers of applications were submitted by hospitals seeking to meet the increased demand for residency training. In response to this need, the Council, in collaboration with the Advisory Board for Medical Specialties, instituted in 1946 a plan for the temporary approval of residencies so that new, well organized educational programs might be available to physician-veterans without undue delay.

Number Of Residencies Available

The number and distribution of approved redencies may be observed in the accompanying table. General surgery offers the greatest number of residencies, 2,977 in all, whereas internal medicine has 2,880 not counting 47 in allergy, 55 in cardiovascular disease, 3 in gastroenterology and 418 in pulmonary diseases. With reference to gastroenterology, it should be noted that only recently was a separate residency classification established in this field. Psychiatry can accommodate 1,615 applicants, obstetrics and gynecology 1,145, radiology 833, pathology 794, pediatrics 791, ophthalmology and otolaryngology 738, orthopedics 718, anesthesiology 487, pulmonary diseases 418 and urology 407. The degree of expansion in the various fields is readily apparent when the present totals are compared with the corresponding figures for 1941. Reference should also be made to the sections on Internships and Residencies published in THE JOURNAL, April 12, 1947, pages 1078-1082, and August 16, 1947, pages 1318-1320.

Table 6.—*Approved Residencies and Fellowships - 1948*

Specialty	Number of Hospitals	Residencies Offered	Residencies in 1941
Allergy	11	47	...
Anesthesiology	152	487	121
Cardiovascular Disease	17	55	6
Contagious Diseases	19	76	40
Dermatology and Syphilology	75	219	78
Gastroenterology	2	3	...
General Residency	90	269	183
Internal Medicine	458	2,880	803
Malignant Diseases	22	107	71
Neurologic Surgery	57	138	36
Neurology	62	300	73
Obstetrics and Gynecology	336	1,145	442
Occupational Medicine	...	...	...
Ophthalmology and Otolaryngology	165	738	441
Orthopedic Surgery	239	718	200
Pathology	328	794	332
Pediatrics	200	791	393
Physical Medicine	36	70	5
Plastic Surgery	18	47	0
Proctology	11	28	...
Psychiatry	227	1,618	424
Pulmonary Diseases	116	418	269
Radiology	336	833	258
Surgery	544	2,977	903
Thoracic Surgery	41	107	33
Urology	177	407	137
Totals	3,737*	15,172	5,256

* Number of residency programs in 1,102 hospitals approved for residency training.

Residencies in Federal Hospitals

Well organized educational programs for resident physicians have been developed by the Army, Navy, U.S. Public Health Service and the Veterans Administration. The Army, which can accommodate 334 residents in nine approved general hospitals, has at present 268 in training with 75 additional medical officers holding residency assignments in civilian hospitals. Fifteen Naval hospitals are approved for residency training. Twelve approved hospitals of the U.S. Public Health Service can accommodate 125 resident physicians. The Veterans Administration has facilities for 2,118 residents in seventy hospitals approved by the Council for residency training.

APPROVED INTERNSHIPS

Council on Medical Education and Hospitals of the American Medical Association

535 North Dearborn Street, Chicago 10

Revised to May 1, 1948

HOSPITALS, 807 INTERNSHIPS, 9,118

The following general hospitals, investigated and approved by the Council on Medical Education and Hospitals, are considered in position to furnish acceptable intern training in accordance with standards adopted by the American Medical Association. Three types of internships are approved by the Council—rotating, mixed and straight:

1. A rotating internship is defined as one which provides supervised experience in internal medicine, surgery, pediatrics, obstetrics and their related subspecialties, together with experience in laboratory and radiologic diagnosis.

2. A mixed internship is defined as one which provides supervised experience in two or more, but not in all, of the clinical divisions named.

3. A straight internship is defined as one which provides supervised experience in a single department, although it may include limited opportunity for work in a related subspecialty. Straight internships are now approved in internal medicine, surgery, pediatrics, obstetrics (with or without gynecology) and pathology.

Hospitals approved for internships that are used by medical schools for undergraduate clinical clerkships on inpatient services have been identified in the following lists by the symbols **X** and **x**. Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with the symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program. Certain internships in hospitals designated as teaching hospitals may not provide for assignments to teaching services. Other internships may provide for only a portion of the internship period being spent on teaching services. Prospective interns desiring specific information concerning internship assignments to teaching services in a hospital are advised to communicate with the dean of the medical school with which the hospital is affiliated. Medical school affiliations are indicated by footnotes 10 to 79 placed immediately after the symbol **X** or **x**. The list of medical schools appears on page 40.

The hospitals approved for intern training are likewise accredited for general residencies which represent general house staff assignments following the internship. The plus (+) sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships for Veteran and Civilian Physicians.

Name of Hospital	Location	Capacity	Total Patients Admitted	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Service Commence
UNITED STATES ARMY										
Letterman General Hospital *	San Francisco, Calif.	2,442	15,298	R	12	24	No	None	98	Jan.June
Fitzsimons General Hospital * x16	Denver, Colo.	3,005	14,795	R	12	32	No	None	85	July
Walter Reed General Hospital * x18-19	Washington, D. C.	2,469	12,453	R	12	36	No	Req	93	July
Oliver General Hospital * x22	Augusta, Ga.	2,600	8,408	R	12	..	No	Req	81	Varies
Percy Jones General Hospital *	Battle Creek, Mich.	3,861	9,335							
Brooke General Hospital *	San Antonio, Tex.	2,346	20,840	R	12	..	No	None	69	Varies
Madigan General Hospital *	Fort Lewis, Wash.	3,071	18,280							
Gorgas Hospital *	Ancon, Canal Zone	988	14,283	R	12	16	No	Req	65	July.Aug
UNITED STATES NAVY										
U.S. Naval Hospital *	Long Beach, Calif.	1,575	16,732	R	12	20	No	None	90	July
U.S. Naval Hospital	Mare Island, Calif.	800	8,250	R	12	7	No	Req	63	July
U.S. Naval Hospital *	Oakland, Calif.	1,618	17,320	R	12	3	No	Req	48	Varies
U.S. Naval Hospital *	San Diego, Calif.	1,500	22,238	R	12	24	No	Req	75	Varies
U.S. Naval Hospital *	Jacksonville, Fla.	550	6,727	R	12	..	No	Req	100	Varies
U.S. Naval Hospital *	Pensacola, Fla.	400	6,170	R	12	4	No	Req	60	Varies
U.S. Naval Hospital *	Great Lakes, Ill.	1,964	9,151	R	12	10	No	Req	94	July
U.S. Naval Hospital * x18	Bethesda, Md.	1,400	14,298	R	12	15	No	None	81	Varies
U.S. Naval Hospital *	Chelsea, Mass.	1,000	9,668	R	12	16	No	Req	88	Varies
U.S. Naval Hospital *	Brooklyn, N. Y.	700	6,033	R	12	..	No	None	53	Varies
U.S. Naval Hospital *	St. Albans, N. Y.	1,550	10,837	R	12	15	(220)	None	67	July
U.S. Naval Hospital *	Philadelphia, Penna.	1,272	21,897	R	12	15	No	Req	54	June
U.S. Naval Hospital *	Newport, R. I.	800	7,885	R	12	10	(221)	Req	74	Varies
U.S. Naval Hospital	Charleston, S. C.	430	6,881	R	12	8	No	Req	70	July
U.S. Naval Hospital	Memphis, Tenn.	1,467	5,255	R	..	..	(222)	None	30	Varies
U.S. Naval Hospital	Corpus Christi, Tex.	488	4,794	R	12	6	No	Req	60	June
U.S. Naval Hospital	Houston, Tex.	520	3,300						70	
U.S. Naval Hospital *	Portsmouth, Va.	1,200	10,674	R	12	12	No	Req	81	June July
U.S. Naval Hospital	Bremerton, Wash.	630	5,407	R	12	12	No	Req	74	July
U.S. Naval Hospital	Aiea Heights, Hawaii	750	9,197	R	12	..	....	Req	100	....
UNITED STATES PUBLIC HEALTH SERVICE										
United States Marine Hospital *6	San Francisco, Calif.	567	5,630	R	12	12	(223)	Req	65	July
United States Marine Hospital *6	Chicago, Ill.	308	3,434	R	12	6	(224)	Req	80	Varies
United States Marine Hospital *6	New Orleans, La.	550	6,697	R	12	12	No	Req	77	July
United States Marine Hospital *6	Baltimore, Md.	500	7,883	R	12	12	(225)	Req	76	July
United States Marine Hospital *6	Boston, Mass.	301	4,000	M	12	9	No	Req	89	July
United States Marine Hospital *6	Detroit, Mich.	306	2,812	R	12	6	(226)	Req	47	July
United States Marine Hospital (Staten Island) *1-2	Stapleton, N. Y.	1,037	12,743	R	12	30	(227)	Req	57	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Capacity	Total Patients Admitted	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Service Commences
UNITED STATES PUBLIC HEALTH SERVICE—Continued										
United States Marine Hospital [4]	Cleveland, Ohio	292	3,230	R	12	6	(228)	Req	43	July
United States Marine Hospital [3] a72	Galveston, Tex.	202	3,534	R	12		(229)	Req	68	July
United States Marine Hospital [3]	Norfolk, Va.	420	5,601	R	12	10	(230)	Req	68	July
United States Marine Hospital [4b]	Seattle, Wash.	400	5,598	R	12	6	No	Req	70	July
FEDERAL SECURITY AGENCY										
Freedmen's Hospital [4c-3] X20	Washington, D. C.	498	7,092	R	12	18	No	Req	46	July
St. Elizabeth's Hospital [4c-3] a18-19	Washington, D. C.	6,577	1,378	R	24	12	(118)	None	58	July

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
ALABAMA														
Jefferson-Hillman Hospital [4] X10	Birmingham	State	644	21,928	40	100	R	12	36	(104)	Req	57	$25	July
Norwood Hospital [4]	Birmingham	Church	218	7,486	95	100	R	12	8	No	Req	48	75	July
South Highlands Infirmary	Birmingham	Corp	167	5,613	20	100	R	12	2	No	Req	37	120	July
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company [4]	Fairfield	NPAssn	299	8,117	...	100	R	12	12	No	Req	40	50	July
City Hospital [4]	Mobile	CyCo	332	8,064	...	...	R	12	4	No	Req	31	75	July
ARIZONA														
Good Samaritan Hospital [3]	Phoenix	Church	263	8,417	...	20	R	12	5	No	None	31	100	July
St. Joseph's Hospital [4]	Phoenix	Church	238	8,156	10	95	R	12	6	No	None	48	40	July
St. Monica's Hospital [4]	Phoenix	Church	251	6,382	61	10	R	12	4	No	None	40	75	July
ARKANSAS														
Baptist State Hospital [4] a11	Little Rock	Church	311	10,174	4	100	R	12	10	No	None	20	75	July
St. Vincent Infirmary [4] a11	Little Rock	Church	260	9,389	15	100	R	12	6	No	None	19	50	July
University Hospital [4] X11	Little Rock	State	230	4,145	100	...	R	12	12	(105)	Req	45	50	July
CALIFORNIA														
Herrick Memorial Hospital [4]	Berkeley	NPAssn	240	7,183	3	98	R	12	6	No	Req	35	75	July-Oct
San Joaquin General Hospital [4]	French Camp	County	603	12,740	100	...	R	12	8	No	Req	65	126	July
General Hospital of Fresno County [4c-3]	Fresno	County	573	8,592	100	...	R	12	12	No	Req	37	95	July
Glendale Sanitarium and Hospital [4]	Glendale	Church	265	7,118	...	...	R	12	6	No	Req	34	120(a)	July
Loma Linda Sanitarium and Hospital [4] a13	Loma Linda	Church	163	5,035	63	100	R	12	6	No	Req	60	104	July
Seaside Memorial Hospital [4]	Long Beach	NPAssn	425	14,273	...	...	R	12	12	(106)	None	34	50	July
California Hospital [4]	Los Angeles	Church	365	14,408	64	100	R	12	14	(107)	Req	49	50	July
Cedars of Lebanon Hospital [4]	Los Angeles	NPAssn	260	10,662	11	100	M	12	10	No	Req	49	80	July
Childrens Hospital [4] a14	Los Angeles	NPAssn	203	5,220	...	...	R	12	5	(108)	Req	91	40	July
Hospital of the Good Samaritan [4]	Los Angeles	Church	474	11,452	15	50	R	12	20	(108)	Req	34	60	July
Los Angeles County Hospital [4c-3] X12-14	Los Angeles	County	3,624	58,418	100	...	R	24	120	No	None	41	60	July
Presbyterian Hospital—Olmsted Memorial [4]	Los Angeles	Church	365	11,182	...	...	R	12	8	No	Req	41	55	July
Queen of Angeles Hospital [4]	Los Angeles	Church	615	16,353	...	...	R	12	14	No	Req	44	50	July
Santa Fe Coast Lines Hospital [4]	Los Angeles	NPAssn	198	4,545	100	...	R	12	8	(109)	Req	59	90	July
White Memorial Hospital [4] X13	Los Angeles	Church	235	8,901	51	100	R	12	16	No	Req	60	80	July
Highland-Alameda County Hospital [4c-3]	Oakland	County	511	9,136	100	...	R	12	25	(110)	Req	60	80	July
Permanente Foundation Hospital [4]	Oakland	NPAssn	373	11,872	...	100	R	12	8	No	None	66	75	July
Orange County General Hospital [3]	Orange	County	399	3,286	100	...	R	12	11	No	Req	26	130	July
Coffin P. and Howard Huntington Memorial Hospital [4]	Pasadena	NPAssn	277	10,349	4	100	R	12	8	No	Req	67	110	July
Sacramento County Hospital	Sacramento	County	400	9,483	...	...	R	12	12	No	Req	37	90	July
San Bernardino County Charity Hospital [4]	San Bernardino	County	358	4,475	100	...	R	12	8	No	Req	51	110	July
Mercy Hospital [4]	San Diego	Church	425	13,594	...	...	R	12	8	No	Req	38	55	July
San Diego County General Hospital [4]	San Diego	County	888	7,855	...	...	R	12	16	No	Req	56	100	July
Children's Hospital [4] a12	San Francisco	NPAssn	285	7,692	16	100	R	12	8	No	Req	61	35	July
Franklin Hospital [4]	San Francisco	NPAssn	272	7,716	10	100	R	12	13	No	None	50	35	July
French Hospital [4]	San Francisco	NPAssn	243	4,911	...	100	R	12	7	No	Req	46	35	July
Mary's Help Hospital [4]	San Francisco	Church	220	6,622	8	100	R	12	5	No	Req	46	40	July
Mount Zion Hospital	San Francisco	NPAssn	193	5,981	11	100	R	12	8	No	Req	64	25	July
St. Joseph's Hospital	San Francisco	Church	280	7,908	10	80	R	12	8	No	None	37	40	July
St. Luke's Hospital [4]	San Francisco	Church	254	7,625	10	50	R	12	6	No	Req	37	40	July
St. Mary's Hospital	San Francisco	Church	431	11,757	...	...	R	12	10	No	Req	37	40	July
San Francisco Hospital [4c-3] X12-15	San Francisco	CyCo	1,416	18,736	100	...	R	12	52	(235)	Req	30	100	July
Southern Pacific General Hospital [4]	San Francisco	NPAssn	450	7,152	100	...	R	12	16	No	Req	34	60	July
Stanford University Hospitals [4] X15	San Francisco	NPAssn	410	11,246	37	90	R	12	15	No	Req	57	25	July
University of California Hospital [4] X12	San Francisco	State	316	8,891	56	44	R	12	22	(111)	Req	67	25	July
Santa Clara County Hospital [4]	San Jose	County	450	6,082	100	...	R	12	10	No	Req	46	75	July
St. Francis Hospital	Santa Barbara	Church	110	3,585	...	...	R	12	3	No	None	45	100	Varies
Santa Barbara Cottage Hospital [4]	Santa Barbara	NPAssn	239	6,154	...	...	R	12	6	No	None	65	50	July
Santa Barbara General Hospital	Santa Barbara	County	264	1,674	100	...	R	12	5	No	None	44	50	July
St. John's Hospital [4]	Santa Monica	Church	146	4,836	...	...	R	12	4	(112)	None	38	50	July
Santa Monica Hospital [3]	Santa Monica	Church	206	4,717	...	100	R	12	9	(113)	Req	48	50	March-July
COLORADO														
University of Colorado Medical Center	Denver													
Colorado General Hospital [4] X16	Denver	State	290	4,905	100	...	R	12	14	No	Req	82	30	July
Denver General Hospital [4] X16	Denver	CyCo	623	9,382	100	...	R	12	16	No	Req	57	30	July
Mercy Hospital [3]	Denver	Church	290	10,575	10	...	R	12	6	No	Req	40	50	July
Porter Sanitarium and Hospital [3]	Denver	Church	153	5,382	13	95	R	12	6	(114)	Req	43	55	July
Presbyterian Hospital [3]	Denver	Church	190	7,497	4	...	R	12	4	(115)	Req	47	32.50	July
St. Anthony Hospital [3]	Denver	Church	250	9,439	...	...	R	12	6	No	Req	31	75	July
St. Joseph's Hospital [4]	Denver	Church	340	11,082	...	...	R	...	8	No	None	30	50	July
St. Luke's Hospital [4]	Denver	Church	321	9,444	...	100	R	12	8	No	Req	51	30	July
Corwin Hospital [4]	Pueblo	NPAssn	227	5,625	100	...	R	12	6	No	Req	61	50	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
CONNECTICUT														
Bridgeport Hospital [*a]	Bridgeport	NPAssn	431	12,585	14	...	R	12	14	No	Req	28	100	July
St. Vincent's Hospital [*]	Bridgeport	Church	422	11,603	9	100	R	12	14	No	Req	28	100	July
Danbury Hospital	Danbury	NPAssn	220	5,282	20	100	R	12	4	No	Req	25	100	July
Hartford Hospital [*]	Hartford	NPAssn	916	23,855	23	100	R	24	24	No	Req	25	100	July
J. J. McCook Memorial Hospital [*1-3]	Hartford	City	302	4,310	100	...	R	12	8	No	Req	25	75	July
St. Francis Hospital [*]	Hartford	Church	637	15,520	23	100	R	12	16	No	Req	25	100	July
Meriden Hospital	Meriden	NPAssn	178	5,373	8	92	R	12	7	(116)	Req	28	100	July
Middlesex Hospital	Middletown	NPAssn	172	4,908	16	...	R-M36	12	6	(117)	Req	41	100	July
New Britain General Hospital [*]	New Britain	NPAssn	238	7,782	14	71	R-M12	12	8	No	None	52	88	July
Grace-New Haven Community Hospital														
Grace Unit [*]	New Haven	NPAssn	270	6,573	30	62	R	12	6	No	Req	37	75	July
New Haven Unit (University Service) [*1-3] X17	New Haven	NPAssn	368	12,216	46	54	R	12	28	No	Req	39	No	July
Hospital of St. Raphael [*]	New Haven	Church	390	10,738	20	95	R	24	14	No	Req	31	50	July
Lawrence and Memorial Assoc. Hospitals [*]	New London	NPAssn	330	8,445	30	...	R	12	4	No	Req	37	100	July
Norwalk Hospital [*]	Norwalk	NPAssn	285	7,597	7	99	R	12	7	No	Req	34	50	July
William W. Backus Hospital	Norwich	NPAssn	155	6,111	14	100	R	12	3	No	Req	32	200	July
Stamford Hospital [*]	Stamford	NPAssn	275	6,691	11	100	R	12	9	No	Req	33	100	July
St. Mary's Hospital [*1-3]	Waterbury	Church	304	9,578	12	100	R	12	8	No	Req	32	75	July
Waterbury Hospital [*1-3]	Waterbury	NPAssn	378	11,026	10	100	R	12	8	No	Req	40	75	July-Oct
DELAWARE														
Delaware Hospital [*a]	Wilmington	NPAssn	440	9,464	18	100	R	12	14	No	Req	36	75	July
Memorial Hospital [*] X61	Wilmington	NPAssn	248	5,636	25	100	R	12	7	No	Req	51	100	July
DISTRICT OF COLUMBIA														
Central Dispensary and Emergency Hospital [*1-3] X19	Washington	NPAssn	310	7,891	10	...	R	12	14	(118)	Req	39	25	July
Doctors Hospital [*]	Washington	Corp	307	5,771	10	100	R	12	8	(119)	None	75	50	July
Freedmen's Hospital [*1-3]	Washington	See Federal Security Agency, page 30												
Gallinger Municipal Hospital [*1-3] X35-19	Washington	City	1,330	21,116	100	...	S	12	48	No	Req	55	50	July
Garfield Memorial Hospital [*a] X19	Washington	NPAssn	477	11,464	20	20	R	12	10	No	Req	50	15	July
Georgetown University Hospital [*a] X18	Washington	NPAssn	443	6,844	10	100	R	12	16	No	Req	54	25	July
George Washington University Hospital [*] X19	Washington	NPAssn	409	3,063	5	100	S	12	7	(120)	None	67	25	July
Providence Hospital [*1-3] X18	Washington	Church	402	12,255	70	100	R	12	13	No	Req	68	50	July
St. Elizabeths Hospital [*1-3] X18-19	Washington	See Federal Security Agency, page 30												
Sibley Memorial Hospital [*]	Washington	Church	334	11,588	2	...	R	12	9	No	Req	68	50	July
Washington Sanitarium and Hospital, Takoma Pk.	Washington	Church	217	3,962	60	...	R	12	4	No	None	36	100	July
FLORIDA														
Duval County Hospital [*]	Jacksonville	County	235	3,657	100	...	R	12	10	No	Req	63	15	July
St. Luke's Hospital [*]	Jacksonville	NPAssn	210	7,423	5	15	R	12	6	No	Req	55	65	July
St. Vincent's Hospital [*]	Jacksonville	Church	200	13,545	2	...	R	12	5	No	None	38	50	July
Jackson Memorial Hospital [*1-3]	Miami	City	604	18,207	50	100	R	12	22	No	Req	32	34.50	July
Orange Memorial Hospital	Orlando	NPAssn	262	7,676	8	100	R	12	6	No	Req	32	25	July
Tampa Municipal Hospital [*]	Tampa	City	344	10,491	15	4	R	12	8	No	None	31	50	July
GEORGIA														
Crawford W. Long Memorial Hospital [*a]	Atlanta	NPAssn	449	16,695	2	89	R	12	16	(121)	Req	46	50	July
Georgia Baptist Hospital [*]	Atlanta	Church	214	6,986	5	100	R	12	7	No	Req	28	35	July
Grady Memorial Hospital [*1-3] X21	Atlanta	Counties	709	16,657	100	...	S	12	30	No	Req	36	25	July
Piedmont Hospital [*] X21	Atlanta	NPAssn	130	5,067	...	...	R	12	5	No	Req	50	50	July
St. Joseph's Infirmary [*]	Atlanta	Church	177	6,647	18	100	R	12	6	No	Req	39	50	July
University Hospital [*a] X22	Augusta	City	554	14,532	29	100	R	12	20	No	None	25	30	July
Emory University Hospital [*] X21	Emory University	NPAssn	310	9,757	5	100	R	12	12	No	Req	46	25	July
Macon Hospital [*]	Macon	CyCo	298	9,757	100	...	R	12	10	No	Req	49	50	July
ILLINOIS														
MacNeal Memorial Hospital	Berwyn	NPAssn	195	7,848	6	100	R	12	10	No	Req	45	50	Jan-July
Alexian Brothers Hospital (b) [*]	Chicago	Church	211	4,772	10	100	R	12	7	(122)	None	51	50	July
Assurian Hospital [*]	Chicago	NPAssn	75	1,673	17	88	R	12	4	No	None	81	75	Jan-July
Augustana Hospital [*]	Chicago	Church	305	7,737	6	75	R	12	6	No	None	38	No	July
Belmont Community Hospital	Chicago	NPAssn	137	4,566	...	...	R	12	4	No	None	30	100	March
Chicago Memorial Hospital [*a]	Chicago	NPAssn	112	3,002	...	100	R	12	5	No	Req	63	150	July
Columbus Hospital	Chicago	Church	150	5,444	15	100	R	24	6	(123)	Req	63	100	July
Cook County Hospital [*1-3] X23-24-26	Chicago	County	3,505	72,273	100	...	R	24	108	No	Req	23	13	July
Edgewater Hospital [*]	Chicago	NPAssn	176	6,935	...	100	R	12	8	No	None	44	100	Jan-July
Englewood Hospital	Chicago	NPAssn	189	6,517	2	20	R	12	6	No	None	38	100	Varies
Evangelical Hospital	Chicago	NPAssn	253	8,341	...	...	R	12	6	No	None	38	100	July
Garfield Park Community Hospital	Chicago	Church	182	5,539	...	100	R	12	6	No	None	25	100	July
Grant Hospital [*] X30	Chicago	NPAssn	289	7,635	...	...	R	12	10	No	Req	53	50	July
Henrotin Hospital [*]	Chicago	NPAssn	127	3,415	45	100	R	12	4	No	Req	60	75	July
Holy Cross Hospital	Chicago	NPAssn	167	6,154	...	...	R	12	6	No	None	27	100	Jan-July
Hospital of St. Anthony de Padua [*]	Chicago	Church	250	8,076	2	100	R	12	9	No	None	39	100	Varies
Illinois Central Hospital [*]	Chicago	NPAssn	208	6,675	52	...	R	12	9	No	Req	37	110	Varies
Illinois Masonic Hospital [*]	Chicago	NPAssn	268	6,548	...	100	R	12	8	No	Req	37	25	Jan-July
Jackson Park Hospital	Chicago	Corp	160	3,945	...	100	R	12	6	No	None	28	75	Varies
Loretto Hospital [*] X23	Chicago	Church	165	5,103	...	100	R	12	6	No	None	75	100	July
Lutheran Deaconess Home and Hospital [*]	Chicago	Church	235	9,445	14	...	R	12	7	No	None	42	75	July
Mercy Hospital [*] X23	Chicago	Church	409	9,230	20	80	R	12	18	No	Req	45	25	July
Michael Reese Hospital [*] X24-26	Chicago	NPAssn	778	16,681	31	...	R	12	36	No	Req	45	25	July
Mother Cabrini Memorial Hospital	Chicago	Church	150	4,791	28	100	R	12	5	No	None	32	100	July
Mount Sinai Hospital [*]	Chicago	NPAssn	277	8,913	15	100	R	12	13	(124)	Req	47	15	July
Norwegian-American Hospital [*]	Chicago	NPAssn	214	7,987	...	...	R	12	6	No	None	38	100	July
Passavant Memorial Hospital [*] X26	Chicago	NPAssn	245	5,838	10	100	R	12	12	(125)	None	38	100	Quarterly
Presbyterian Hospital [*] X26	Chicago	Church	487	12,654	...	100	R	24	37	No	None	48	No	Varies
Provident Hospital [*]	Chicago	NPAssn	208	4,262	...	...	R	12	9	No	None	54	25	July
Ravenswood Hospital [*]	Chicago	Church	198	4,105	...	...	R	12	8	No	Req	60	50	July
Research and Educational Hospitals [*1-3] X26	Chicago	State	432	6,501	100	...	R	12	21	No	Req	28	No	July
Rockford Community Hospital	Chicago	NPAssn	125	4,012	...	...	R	12	4	No	None	38	165	Jan-July
St. Anne's Hospital [*] X29	Chicago	Church	205	6,225	3	...	R	12	11	No	None	45	75	July
St. Bernard's Hospital [*]	Chicago	Church	211	10,353	...	...	R	12	9	No	None	32	100	Jan-July
St. Elizabeth's Hospital [*]	Chicago	Church	351	9,936	...	...	R	12	8	No	None	38	100	July
St. Joseph Hospital [*] X24	Chicago	Church	360	7,250	...	100	R	12	7	No	None	50	75	July
St. Luke's Hospital [*] X24	Chicago	NPAssn	360	14,488	12	100	R	12	40	No	Req	42	No	July
St. Mary of Nazareth Hospital [*]	Chicago	Church	325	10,010	...	29	R	12	8	No	None	38	100	July
South Chicago Community Hospital	Chicago	NPAssn	189	5,882	...	...	R	12	6	No	None	24	100	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
ILLINOIS—Continued														
Swedish Covenant Hospital [*]	Chicago	Church	258	6,500	...	...	R	12	8	No	None	30	75	Jan July
University Hospital [1] X23	Chicago	NPAssn	160	3,343	...	100	M	12	4	No	None	21	15	...
University of Chicago Clinics [*-3] X25	Chicago	NPAssn	660	12,615	...	100	R	12	49	No	Req	79	No	July
Walther Memorial Hospital [1]	Chicago	Church	208	6,561	...	...	R	12	6	No	None	35	100	July
Wesley Memorial Hospital [*] X24	Chicago	Church	630	13,045	9	100	R	12	33	No	None	66	No	Jan July
Women and Children's Hospital [*]	Chicago	NPAssn	145	4,022	18	100	R	12	4	No	Req	83	50	Jan July
Woodlawn Hospital [*]	Chicago	NPAssn	134	4,320	36	...	R	12	6	No	None	50	100	Jan July
St. Mary's Hospital	East St. Louis	Church	301	6,640	...	...	R	12	6	No	None	...	150	July
Evanston Hospital * X26	Evanston	NPAssn	296	7,995	5	100	R	12	18	(126)	Req	86	No	Jan July
St. Francis Hospital *	Evanston	Church	430	10,957	2	100	R	12	13	No	None	60	50	July
Little Company of Mary Hospital *	Evergreen Park	Church	205	10,058	...	100	R	12	12	No	None	29	100	July
St. Joseph's Hospital	Joliet	Church	348	8,681	...	100	R & M	18	6	No	None	24	75	July
Moline Public Hospital [1]	Moline	City	246	7,055	...	100	R	12	3	No	None	19	100	Jan July
Oak Park Hospital	Oak Park	Church	188	5,432	...	...	R	12	5	No	None	28	75	July
West Suburban Hospital * X26	Oak Park	NPAssn	412	11,691	...	...	R	12	12	No	Req	48	50	Apr July
Methodist Hospital of Central Illinois *	Peoria	Church	240	6,700	...	100	R	12	8	No	None	32	100	July
St. Francis Hospital [*]	Peoria	Church	503	14,281	10	100	R	12	10	No	Req	52	75	July
St. Mary's Hospital [1]	Quincy	Church	205	5,223	25	75	R	12	3	No	None	16	75	July
Memorial Hospital [1]	Springfield	NPAssn	281	6,390	...	...	R	12	6	No	None	39	50	July
INDIANA														
St. Catherine Hospital [1]	East Chicago	Church	324	8,800	...	...	R	12	7	No	None	28	100	July
Protestant Deaconess Hospital [1]	Evansville	Church	299	11,329	12	...	R	12	6	No	None	29	75	July
St. Mary's Hospital	Evansville	Church	208	4,936	4	...	R	12	4	No	None	24	25	Varies
Lutheran Hospital	Fort Wayne	Church	250	6,572	3	...	R	12	4	No	Req	22	75	July
St. Joseph Hospital *	Fort Wayne	Church	350	7,782	...	...	R	12	5	No	None	38	100	July
Methodist Hospital [1]	Gary	Church	275	7,844	...	...	R	12	6	No	None	33	125	July
St. Mary's Mercy Hospital *	Gary	Church	286	7,641	7	...	R	12	6	No	Req	23	125	July
St. Margaret Hospital *	Hammond	Church	320	10,383	...	100	R	12	10	No	None	26	125	July
Indianapolis General Hospital [*-3] X27	Indianapolis	City	744	10,246	90	100	R	24	32	(127)	Req	52	100	July
Indiana University Medical Center [*-3] X27	Indianapolis	State	646	10,995	66	100	R	12	35	(231)	Req	56	12.50	July
Methodist Hospital [*]	Indianapolis	Church	726	24,752	5	100	R	12	24	No	Op	32	137.50	July
St. Vincent's Hospital *	Indianapolis	Church	400	12,377	...	100	R	12	16	No	Req	26	150	July
St. Elizabeth Hospital	La Fayette	Church	359	9,237	6	98	R & M	12	8	(127)	Req	26	100	July
St. Joseph Hospital	Mishawaka	Church	120	3,300	...	...	R	12	2	No	None	29	75	July
Ball Memorial Hospital [*]	Muncie	NPAssn	247	8,469	...	100	R	12	8	No	None	37	50	July
Memorial Hospital *	South Bend	NPAssn	265	7,913	...	...	R	12	6	No	Req	49	75	July
St. Joseph Hospital	South Bend	Church	223	6,439	19	100	R	12	6	No	Req	34	75	July
Union Hospital	Terre Haute	NPAssn	208	5,808	...	...	R	12	2	No	...	34	80	July
St. Anthony Hospital [1]	Terre Haute	Church	225	5,725	3	35	R	12	2	No	None	20	100	July
IOWA														
Mercy Hospital [1]	Cedar Rapids	Church	217	6,876	...	...	R	12	2	No	None	31	100	July
Jennie Edmundson Memorial Hospital [1]	Council Bluffs	NPAssn	150	5,364	...	100	R & M	12	3	No	None	28	75	July
Mercy Hospital [1] 43	Council Bluffs	Church	172	4,386	...	...	R	12	4	No	None	21	75	June
Broadlawns Polk County Hospital [1]	Des Moines	County	226	4,722	100	...	R	12	10	No	Req	59	75	Jan July
Iowa Lutheran Hospital [1]	Des Moines	Church	155	4,644	1	100	R	12	3	No	None	22	100	July
Iowa Methodist Hospital [*]	Des Moines	Church	334	10,926	...	100	R	12	12	No	None	32	100	July
Mercy Hospital *	Des Moines	Church	220	7,812	...	...	R	12	6	(128)	Req	54	70	July
University Hospitals [*-3] X28	Iowa City	State	950	18,304	...	100	R	12	20	No	Req	63	35	July
St. Joseph Mercy Hospital	Sioux City	Church	306	8,811	...	...	R	12	5	No	Req	15	No	Jan
KANSAS														
Bethany Hospital [1] 29	Kansas City	Church	180	5,061	...	...	R	12	6	No	None	45	50	July
Providence Hospital [1]	Kansas City	Church	205	5,154	...	100	R	12	4	No	None	71	50	July
St. Margaret's Hospital [*]	Kansas City	Church	226	5,050	7	100	R	12	6	No	None	46	75	July
University of Kansas Hospitals [*-3] X29	Kansas City	State	400	8,463	49	...	R	12	12	No	None	47	50	July
St. Francis Hospital *	Wichita	Church	450	13,155	...	100	R	12	12	No	No	41	75	Apr July
Wesley Hospital *	Wichita	Church	379	9,564	...	100	R	12	7	(129)	Req	33	75	July
Wichita Hospital [1]	Wichita	Church	165	3,702	...	4	R & M	12	6	(130)	None	27	150	July
KENTUCKY														
St. Elizabeth Hospital [1]	Covington	Church	364	8,430	8	100	R	12	10	No	Req	18	75	July
Good Samaritan Hospital	Lexington	Church	226	8,013	...	100	R	12	6	No	None	35	60	July
St. Joseph Hospital	Lexington	Church	316	11,332	15	97	R	12	4	(131)	Req	41	75	July
Kentucky Baptist Hospital	Louisville	Church	230	7,014	2	...	R	12	8	No	None	35	35	July
Louisville General Hospital [*-3] X30	Louisville	CyCo	310	8,053	100	...	R	12	28	(132)	Req	41	20	July
Norton Memorial Infirmary *	Louisville	NPAssn	187	6,195	4	85	R	12	6	(133)	None	47	50	July
St. Anthony Hospital	Louisville	Church	176	5,413	...	...	R	12	3	No	None	28	100	July
St. Joseph Infirmary *	Louisville	Church	400	11,958	7	...	R	12	11	No	Req	43	50	July
SS. Mary and Elizabeth Hospital	Louisville	Church	267	7,808	10	...	R	12	4	No	None	18	100	July
LOUISIANA														
Charity Hospital of Louisiana [*-3] X31-32	New Orleans	State	3,676	45,781	100	...	R	12	120	No	Req	49	10	July
Flint Goodridge Hospital of Dillard University [1]	New Orleans	NPAssn	117	2,402	48	...	R	12	3	No	Req	30	50	July
Hotel Dieu, Sisters Hospital [*]	New Orleans	Church	350	11,348	3	100	R	12	10	No	None	32	50	July
Mercy Hospital-Sanitat Memorial	New Orleans	Church	157	5,196	...	...	R	12	4	No	None	28	100	July
Southern Baptist Hospital *	New Orleans	Church	445	23,986	28	100	R	12	16	No	None	34	25	July
Touro Infirmary * X32	New Orleans	NPAssn	424	13,020	8	100	R	12	21	No	Req	54	70	July
Highland Sanitarium [1]	Shreveport	Part	118	4,164	...	100	R	12	4	No	None	39	75	July
North Louisiana Sanitarium [1]	Shreveport	Corp	147	5,362	...	100	R	12	2	(134)	None	25	75	July
T. E. Schumpert Memorial Sanitarium	Shreveport	Church	130	4,722	...	...	R	12	2	No	Req	25	100	July
Shreveport Charity Hospital *	Shreveport	State	702	13,688	100	...	R	12	27	No	Req	45	20	July
Tri-State Hospital [1]	Shreveport	Corp	140	5,483	...	...	R	12	4	No	Req	17	100	July
MAINE														
Eastern Maine General Hospital [1]	Bangor	NPAssn	243	7,300	33	98	R	12	6	No	Req	35	25	July
Central Maine General Hospital [*]	Lewiston	NPAssn	364	5,731	...	100	R	12	6	No	Req	46	25	July
St. Mary's General Hospital	Lewiston	Church	180	4,154	11	25	R	12	3	No	Req	39	50	Mar July
Maine General Hospital *	Portland	NPAssn	385	8,460	60	15	R	12	9	No	Req	48	25	Jan July

Abbreviations and other references will be found on pages 49 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
MARYLAND														
Baltimore City Hospitals [1-3] x33	Baltimore	City	2,105	7,489	...	...	R	12	40	No	Req	58	15	July
Bon Secours Hospital *	Baltimore	Church	180	4,758	12	100	R	12	4	No	Req	16	30	July
Church Home and Hospital [4]	Baltimore	Church	192	5,177	15	100	R	12	3	No	Req	21	25	July
Franklin Square Hospital [4]	Baltimore	NPAss	274	5,927	12	...	R	12	6	No	Req	30	50	July
Hospital for Women [4]	Baltimore	NPAss	102	4,119	27	100	R	12	5	No	Req	24	25	July
Johns Hopkins Hospital [1-3] X33	Baltimore	NPAss	1,005	19,857	61	100	S	12	85	No	Req	72	No	July
Maryland General Hospital [4]	Baltimore	Church	200	6,075	19	100	R	12	8	No	Req	34	25	July
Mercy Hospital * X34	Baltimore	Church	320	8,911	60	100	R	12	14	No	Req	27	25	July
Provident Hospital and Free Dispensary *	Baltimore	NPAss	145	2,737	...	...	R	12	8	No	Req	27	25	July
St. Agnes' Hospital *	Baltimore	Church	277	6,717	25	100	R	12	6	No	Req	23	30	July
St. Joseph's Hospital [4]	Baltimore	Church	227	7,184	28	100	R	12	6	No	Req	36	25	July
Sinai Hospital [1-3]	Baltimore	NPAss	306	9,227	21	100	R & S	12	19	(135)	Req	58	10	July
South Baltimore General Hospital [4]	Baltimore	NPAss	181	6,122	30	100	R	12	7	No	Req	15	50	July
Union Memorial Hospital *	Baltimore	NPAss	377	9,108	30	...	R	12	17	No	Req	34	No	July
University Hospital [1-3] X34	Baltimore	State	205	10,618	43	100	R & S	12	24	No	Req	49	No	July
West Baltimore General Hospital [4]	Baltimore	NPAss	222	6,378	14	...	R	12	6	No	Resp	43	50	July
Suburban Hospital *	Bethesda	NPAss	124	3,577	17	...	R	12	3	No	Req	44	50	July
Washington County Hospital[1]	Hagerstown	NPAss	208	6,467	...	...	R	12	6	No	Req	21	75	July
MASSACHUSETTS														
Beverly Hospital [4]	Beverly	NPAss	207	5,312	30	70	R	12	4	No	Req	67	No	July
Beth Israel Hospital * X36-37	Boston	Church	215	5,917	36	...	S	12	12	(136)	Req	55	No	July
Boston City Hospital [1-3] X35-36-37	Boston	City	2,537	36,794	100	...	S	12	125	No	Req	34	No	July
Carney Hospital * X37	Boston	Church	262	6,164	23	99	S	...	8	(137)	Req	48	No	July
Children's Hospital [1-3] X34x37	Boston	NPAss	345	8,329	67	...	S	12	20	(138)	Req	80	No	July
Faulkner Hospital *	Boston	NPAss	161	3,570	...	100	R	12	3	No	None	48	No	July
Massachusetts General Hospital [4] X36	Boston	NPAss	449	7,594	100	...	S	12	31	No	Req	62	No	July
Massachusetts Memorial Hospitals [1-3] X35	Boston	NPAss	529	7,449	...	100	R	12	20	(139)	Req	60	No	July
New England Hospital for Women and Children [4] x37	Boston	NPAss	200	5,027	34	100	R & S	12	8	No	Req	52	No	Nov
Peter Bent Brigham Hospital [1-3] X36	Boston	NPAss	250	4,987	70	10	S	12	25	(140)	Req	68	No	July
St. Elizabeth's Hospital * X37	Boston	Church	322	6,900	12	95	R	12	8	No	Req	53	20	July
Cambridge City Hospital * x37	Cambridge	City	400	6,110	43	...	R	12	8	No	Req	45	10	Mar.July
Mount Auburn Hospital [4] X37	Cambridge	NPAss	272	6,873	15	50	R	12	6	No	Req	41	No	July
Chelsea Memorial Hospital	Chelsea	NPAss	123	2,982	11	100	R	12	2	No	Req	...	50	Jan
Truesdale Hospital *	Fall River	NPAss	200	4,898	...	...	R	12	3	No	Req	53	35	July
Union Hospital [1-3]	Fall River	NPAss	207	5,246	15	90	R	12	3	No	Req	24	100	June
Burbank Hospital[1]	Fitchburg	City	280	5,556	31	...	R	12	4	No	Req	26	75	Varies
Holyoke Hospital[1]	Holyoke	NPAss	164	3,611	12	...	R	12	3	No	Req	33	25	July
Providence Hospital	Holyoke	Church	200	4,817	...	...	R	12	4	No	None	...	25	Jan.July
Lawrence General Hospital *	Lawrence	NPAss	253	8,480	25	...	R	12	3	No	Req	42	50	July
Lowell General Hospital	Lowell	NPAss	213	4,964	16	...	R	12	3	No	Req	26	25	Apr.July
St. John's Hospital	Lowell	Church	224	5,539	30	75	R	12	4	No	Req	32	50	July
St. Joseph's Hospital	Lowell	Church	170	4,734	20	25	R	12	3	No	Req	16	25	June
Lynn Hospital	Lynn	NPAss	316	8,110	20	...	R	12	6	No	Req	25	50	July
St. Luke's Hospital	New Bedford	NPAss	330	7,635	33	...	R	12	8	No	Req	26	25	July
Newton-Wellesley Hospital [4]	Newton	NPAss	295	6,632	34	45	R	12	6	No	Req	16	No	July
House of Mercy Hospital	Pittsfield	NPAss	220	4,632	11	...	R	12	2	No	Req	24	50	July
St. Luke's Hospital	Pittsfield	Church	194	4,406	5	...	R	12	2	No	None	28	100	Varies
Quincy City Hospital [4]	Quincy	City	384	8,149	8	85	R	12	12	No	Req	50	75	July
Salem Hospital [4]	Salem	NPAss	254	6,077	17	...	R	12	6	No	Req	36	40	July
Mercy Hospital	Springfield	NPAss	403	11,048	9	98	R	12	6	No	Req	21	50	July
Springfield Hospital[1]	Springfield	NPAss	285	7,499	14	25	R	12	8	(141)	Req	44	No	July
Wesson Memorial Hospital[1]	Springfield	NPAss	112	3,450	8	80	R	12	3	(142)	None	28	50	Varies
Waltham Hospital	Waltham	NPAss	211	4,340	10	...	R	12	4	No	Req	23	50	July
Memorial Hospital [1-3]	Worcester	NPAss	215	10,197	5	100	R	12	10	No	Req	23	50	July
St. Vincent Hospital *	Worcester	Church	277	7,715	12	85	R	12	8	No	None	37	No	July
Worcester City Hospital [1-3] x37-75	Worcester	City	540	7,850	70	100	R	12	30	No	Req	39	No	July
Worcester Hahnemann Hospital[1]	Worcester	NPAss	163	4,417	3	97	R	12	4	No	None	34	35	Apr
MICHIGAN														
St. Joseph's Mercy Hospital [4]	Ann Arbor	Church	314	7,591	...	98	R	12	6	No	Req	56	100	July
University Hospital [1] X38	Ann Arbor	State	894	16,101	100	...	R	12	37	No	Req	62	84.73	July
Leila Y. Post Montgomery Hospital *	Battle Creek	Church	200	7,157	...	100	R	12	2	No	Req	29	100	July
Mercy Hospital[1]	Bay City	Church	165	5,445	...	100	R	12	3	No	Req	...	100	July
Charles Godwin Jennings Hospital *	Detroit	NPAss	108	2,616	...	...	R	12	4	(143)	None	46	125	July
City of Detroit Receiving Hospital [4] X39	Detroit	City	633	18,183	100	...	R & M	12	40	(144)	Req	27	120	July
Evangelical Deaconess Hospital [4]	Detroit	Church	220	8,747	4	30	R	12	6	No	Req	54	150	July
Grace Hospital [4]	Detroit	NPAss	514	17,768	7	100	R	12	32	No	Req	63	50	Julies4
Harper Hospital [4]	Detroit	NPAss	685	20,945	3	100	R	12	30	(145)	Req	63	50	July
Henry Ford Hospital [1-3]	Detroit	NPAss	648	16,116	90	100	R	12	36	(146)	None	69	170	July
Mount Carmel Mercy Hospital *	Detroit	Church	575	15,527	10	75	R	12	12	No	None	34	50	July
Providence Hospital *	Detroit	Church	460	13,067	10	10	R	12	16	(147)	Req	52	125	July
St. Joseph's Mercy Hospital [4]	Detroit	Church	240	8,560	...	...	R	12	8	No	Req	51	125	July
St. Mary's Hospital [4]	Detroit	Church	350	9,979	11	100	R	12	12	(148)	Req	54	125	Varies
Woman's Hospital [4]	Detroit	NPAss	351	8,757	...	100	R	12	7	(149)	Req	51	85	July
Wayne County General Hospital and Infirmary [4] X39	Eloise	County	5,127	6,503	99	...	R	12	24	(144)	Req	35	188.25	July
Hurley Hospital *	Flint	City	484	18,009	...	...	R	12	16	No	None	30	110	July
St. Joseph Hospital	Flint	Church	275	9,333	...	...	R	12	4	No	None	28	...	July
Blodgett Memorial Hospital [4]	Grand Rapids	NPAss	310	5,611	...	100	R	12	6	No	Req	43	50	July
Butterworth Hospital [4]	Grand Rapids	NPAss	330	10,704	7	100	R	12	8	No	Req	45	70	July
St. Mary's Hospital *	Grand Rapids	Church	318	8,916	2	100	R	12	8	No	Req	42	100	July
Highland Park General Hospital [4]	Highland Park	City	300	8,428	5	100	R	12	9	No	Req	34	100	July
W. A. Foote Memorial Hospital	Jackson	City	195	6,061	...	...	R	12	6	No	Req	31	100	Jan.July
Mercy Hospital[1-3]	Jackson	Church	155	4,365	...	...	R	12	3	(150)	None	23	150	July
Borgess Hospital *	Kalamazoo	Church	283	7,220	...	...	R	12	4	No	None	38	100	July
Bronson Methodist Hospital [4]	Kalamazoo	Church	175	4,567	...	...	R	12	4	No	None	45	100	July
Edward W. Sparrow Hospital	Lansing	NPAss	282	6,300	5	100	R	12	7	(151)	Req	44	100	July
St. Lawrence Hospital	Lansing	Church	209	7,842	...	...	R	12	8	(152)	None	30	...	July
Hackley Hospital *	Muskegon	NPAss	189	6,988	...	...	R	12	6	No	None	23	...	July
Pontiac General Hospital *	Pontiac	City	294	7,383	...	100	R	12	6	No	Req	48	80	July
Saginaw General Hospital *	Saginaw	NPAss	254	7,845	...	100	R	12	6	(153)	Req	44	80	July
St. Mary's Hospital	Saginaw	Church	304	6,419	...	...	R	12	4	No	None	15	...	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
MINNESOTA														
St. Luke's Hospital *	Duluth	NPAssn	270	9,738	...	100	R	12	11 (154)	Req	75	25		July
St. Mary's Hospital *	Duluth	Church	300	10,008	...	100	R	12	10 (154)	Req	69	25		July
Asbury Hospital[1]	Minneapolis	Church	173	6,203	...	...	R	12	4	No	None	48	50	Varies
Minneapolis General Hospital *[2,3] X40	Minneapolis	City	629	9,259	...	100	R	12	30 (155)	Req	Req	44	25	Jan.July
Northwestern Hospital *[1]	Minneapolis	NPAssn	332	9,200	...	...	R	12	12 (156)	None	56	50		July
St. Barnabas Hospital *[1]	Minneapolis	NPAssn	249	8,419	...	...	R	12	4	No	None	73	100	July
St. Mary's Hospital *[1]	Minneapolis	Church	375	12,800	...	100	R	12	10	No	None	49	50	July
Swedish Hospital *[1]	Minneapolis	NPAssn	372	11,734	...	...	R	12	8	No	None	43	77.50	July
University Hospitals *[2,3] X40	Minneapolis	State	475	9,532	100	...	S	12	28	No	Req	82	15	July
Ancker Hospital [2]	St. Paul	CyCo	905	7,029	100	...	R	12	32	No	Req	71	30	July
Bethesda Hospital	St. Paul	Church	200	6,102	...	100	R	12	6	(157)	Req	42	100	July
Charles T. Miller Hospital *[1]	St. Paul	NPAssn	325	8,683	...	100	R	12	10	(232)	Req	54	50	July
St. Joseph's Hospital[1]	St. Paul	Church	310	9,497	17	100	R	12	10	(157)	None	41	60	July
MISSOURI														
St. Louis County Hospital *	Clayton	County	268	3,226	95	5	R	12	6	No	Req	48	50	July
Kansas City General Hospital No. 1 *[2] X29	Kansas City	City	600	9,583	100	...	R	12	26	No	Req	61	25	July
Kansas City General Hospital No. 2[2,3]	Kansas City	City	286	3,722	100	75	R	12	12	(158)	Req	23	25	July
Memorial Hospital *[1]	Kansas City	NPAssn	186	5,626	10	100	R	12	4	No	Req	48	100	July
Research Hospital *[1]	Kansas City	NPAssn	251	7,628	...	100	R	12	8	No	None	64	50	July
St. Joseph Hospital *	Kansas City	Church	361	12,163	15	100	R	12	8	No	None	57	75	July
St. Luke's Hospital	Kansas City	Church	300	8,630	...	...	R	12	8	No	None	57	50	July
St. Mary's Hospital *[1]	Kansas City	Church	110	6,417	...	100	R	12	5	No	None	62	75	July
Trinity Lutheran Hospital[1]	Kansas City	Church	145	4,571	...	...	R	12	4	No	None	55	100	July
Missouri Methodist Hospital	St. Joseph	Church	250	6,876	1	98	R-M	12	5	No	Req	18	150	July
St. Joseph's Hospital[1]	St. Joseph	Church	175	5,094	10	75	R	12	2	No	None	22	125	Jan.July
Barnes Hospital *[2,3] X42	St. Louis	Church	585	15,018	35	100	S	12	31	(158)	Req	72	10	July
Christian Hospital	St. Louis	NPAssn	155	3,689	...	100	R	12	3	No	None	26	125	July
Evangelical Deaconess Hospital[1]	St. Louis	Church	290	11,689	...	...	R	12	4	No	None	...	50	July
Homer G. Phillips Hospital *[2,3] X42	St. Louis	City	767	12,417	100	...	R	12	36	(160)	Req	22	25	July
Jewish Hospital *[1]	St. Louis	NPAssn	340	8,547	10	...	R	12	12	No	Req	42	35	July
Lutheran Hospital[1]	St. Louis	Church	205	6,081	4	100	R	12	6	No	None	22	65	July
Missouri Baptist Hospital *	St. Louis	Church	340	11,839	...	100	R	12	8	No	None	29	35	July
St. Anthony's Hospital *	St. Louis	Church	316	7,700	...	...	R	12	8	(161)	Op	17	35	July
St. John's Hospital *	St. Louis	Church	421	9,376	3	100	R	12	12	No	Req	31	25	July
St. Louis City Hospital *[2,3] X42	St. Louis	City	1,125	17,898	100	...	R	12	60	(162)	Req	53	70	July
St. Luke's Hospital *	St. Louis	Church	220	5,219	6	100	R	12	12	(163)	Req	39	25	July
St. Mary's Group of Hospitals * X41	St. Louis	Church	751	15,720	10	90	R	12	34	(164)	Req	49	15	July
St. Mary's Infirmary	St. Louis	Church	179	3,794	10	100	R	12	4	No	None	23	10	July
MONTANA														
Murray Hospital	Butte	Corp	120	2,912	...	100	R	12	4	No	Req	34	175	Varies
St. James Hospital[1]	Butte	Church	190	4,201	14	25	R	12	3	No	Req	18	100	Varies
Montana Deaconess Hospital *[1]	Great Falls	Church	246	6,976	...	...	R	..	4	No	None	60	25	July
NEBRASKA														
Bryan Memorial Hospital[2,3]	Lincoln	Church	130	3,467	...	75	R	12	2	No	None	56	100	July
Lincoln General Hospital *[2,3]	Lincoln	NPAssn	223	6,662	...	...	R	12	4	No	None	46	50	July
St. Elizabeth Hospital	Lincoln	Church	250	7,760	...	75	R	12	4	No	None	28	75	July
Bishop Clarkson Memorial Hospital * x44	Omaha	Church	177	6,234	...	...	R	12	5	No	Req	37	50	July
Creighton Memorial St. Joseph's Hospital *[1] X43	Omaha	Church	534	12,861	8	100	R	12	14	No	Req	41	25	July
Immanuel Deaconess Institute	Omaha	Church	160	4,683	...	100	R	12	4	No	None	58	50	July
Nebraska Methodist Hospital *[1] x44	Omaha	Church	191	6,532	...	100	R	12	6	No	None	56	40	April.July
St. Catherine's Hospital x43	Omaha	Church	203	5,652	...	90	R	12	4	No	None	28	75	July
University of Nebraska Hospital *[1] X44	Omaha	State	212	2,895	100	...	R	12	12	No	Req	98	40	July
NEW HAMPSHIRE														
Mary Hitchcock Memorial Hospital *	Hanover	NPAssn	196	5,691	26	100	R	12	9	No	Req	75	No	July
NEW JERSEY														
Atlantic City Hospital *	Atlantic City	NPAssn	320	8,237	47	50	R	12	8	No	Req	35	50	July
Bayonne Hospital and Dispensary *[1]	Bayonne	NPAssn	280	5,941	40	100	R	12	6	No	Req	23	65	Varies
Cooper Hospital * x42-44	Camden	NPAssn	447	9,346	57	...	R	12	12	No	Req	15	15	July
West Jersey Hospital * x44	Camden	NPAssn	341	8,172	...	...	R	12	8	No	Req	48	125	July
East Orange General Hospital[1]	East Orange	NPAssn	150	3,438	6	100	R	12	4	(165)	Req	33	50	July
Alexian Brothers Hospital[1,5]	Elizabeth	Church	150	2,796	15	...	R	12	4	(166)	Req	20	...	July
Elizabeth General Hospital and Dispensary[1]	Elizabeth	NPAssn	237	5,703	32	100	R	12	10	No	Req	22	50	July
St. Elizabeth Hospital[1]	Elizabeth	Church	270	5,541	47	40	R	12	6	No	Req	19	100	July
Englewood Hospital[1,2]	Englewood	NPAssn	238	5,915	22	...	R	12	9	No	Req	29	50	July
Hackensack Hospital *[1]	Hackensack	NPAssn	300	10,387	33	20	R	12	10	No	Req	18	50	July
St. Mary's Hospital[1]	Hoboken	Church	175	7,059	71	5	R	12	11	No	Req	21	75	July
Christ Hospital[1,2]	Jersey City	Church	257	6,137	30	100	R	12	10	No	Req	21	50	July
Jersey City Hospital *[1,2]	Jersey City	City	1,560	2,474	80	100	R	12	89	(167)	Req	28	25	Varies
St. Francis Hospital	Jersey City	Church	230	3,798	20	30	R	18	7	(168)	Req	17	65	Jan.June
Monmouth Memorial Hospital *[1,2]	Long Branch	NPAssn	304	7,023	39	61	R	12	8	No	Req	44	100	July
Montaniside Hospital *[1,2]	Montclair	NPAssn	368	6,761	20	50	R	12	12	No	Req	40	38	July
All Souls Hospital	Morristown	Church	159	3,484	14	85	R	12	3	No	Req	27	...	July
Morristown Memorial Hospital[1]	Morristown	NPAssn	164	3,659	34	50	R	12	3	No	Req	31	110	July
Burlington County Hospital *[1]	Mount Holly	NPAssn	109	3,021	76	100	R	12	4	No	Req	18	50	July
Pitkin Memorial Hospital *[1]	Neptune	NPAssn	193	5,711	35	95	R	12	6	No	Req	44	50	July
Hospital of St. Barnabas and for Women and Children *[1]	Newark	Church	270	7,264	25	20	R	12	6	No	Req	37	90.20	July
Lutheran Memorial Hospital	Newark	Church	102	2,978	45	...	R	12	3	No	Req	18	50	Varies
Newark Beth Israel Hospital *[1,2]	Newark	NPAssn	441	11,129	30	100	R	12	12	No	Req	36	25	July
Newark City Hospital *[1,2]	Newark	City	740	12,014	100	...	R	24	24	No	None	23	30	July
St. James Hospital[1]	Newark	Church	146	3,590	10	...	R	12	2	No	Req	...	100	July
St. Michael's Hospital *	Newark	Church	420	11,300	28	100	R	12	8	No	Req	32	75	July
St. Peter's General Hospital	New Brunswick	Church	249	6,404	11	...	R	12	4	No	Req	18	100	July
Orange Memorial Hospital *	Orange	KPAssn	475	9,181	21	...	R	12	8	No	Req	33	35	July
St. Mary's Hospital	Orange	Church	188	3,721	...	...	R	12	3	No	Req	28	75	July
Passaic General Hospital	Passaic	NPAssn	302	6,739	45	50	R	12	8	No	Req	33	100	July
St. Mary's Hospital[1]	Passaic	Church	240	6,581	25	35	R	12	4	No	Req	17	50	July
Nathan and Miriam Barnert Memorial Hospital	Paterson	NPAssn	145	3,904	38	10	R	12	5	No	Req	38	50	July.Oct
Paterson General Hospital *	Paterson	NPAssn	458	9,315	23	...	R	12	8	No	Req	40	60	July
St. Joseph Hospital[1]	Paterson	Church	422	9,988	47	20	R	12	10	No	Req	25	75	July
Perth Amboy General Hospital[1]	Perth Amboy	NPAssn	250	6,421	...	...	R	12	5	No	None	38	75	July
Muhlenberg Hospital	Plainfield	NPAssn	330	8,731	15	100	R	12	8	No	Req	34	50	July

Abbreviations and other references will be found on pages 49 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
NEW JERSEY—Continued														
Holy Name Hospital	Teaneck	Church	235	4,689	17	75	R	12	8	No	Req	38	75	July
Mercer Hospital[1]	Trenton	NPAssn	267	7,586	22	78	R	12	8	No	None	38	85	July
St. Francis Hospital [2]	Trenton	Church	333	10,752	...	100	R	12	8	No	Req	16	75	July
William McKinley Memorial Hospital	Trenton	NPAssn	138	3,808	22	85	R	12	4	No	Req	25	100	July
North Hudson Hospital[1-3]	Weehawken	NPAssn	191	3,516	50	100	R	12	7	(167)	Req	22	100	July
NEW YORK														
Albany Hospital [2-3] X45	Albany	NPAssn	571	14,832	161	...	S	12	23	No	Req	61	No	July
Memorial Hospital[1]	Albany	NPAssn	157	3,861	12	100	R	12	5	No	Req	37	125	July
St. Peter's Hospital [2]	Albany	Church	159	4,550	6	...	R	12	5	(109)	Req	24	100	July
Auburn City Hospital	Auburn	NPAssn	249	6,758	20	40	R	12	6	No	None	37	100	July
Binghamton City Hospital [2-3]	Binghamton	City	500	10,831	22	80	R	12	10	No	Req	45	50	July
Beth-El Hospital [2]	Brooklyn	NPAssn	332	8,423	47	80	R-S	24	14	No	Req	39	50	July
Brooklyn Hospital [2] X46	Brooklyn	NPAssn	374	8,913	51	80	R	12	9	No	Req	41	No	July
Bushwick Hospital	Brooklyn	NPAssn	150	3,966	23	100	R	12	6	No	Req	24	75	July
Coney Island Hospital [2-3]	Brooklyn	City	300	6,362	100	...	R	12	16	No	Req	29	45	July
Cumberland Hospital	Brooklyn	City	400	6,300	100	...	R-S	12	21	No	Req	49	45	July
Greenpoint Hospital [1-2] x46	Brooklyn	City	300	6,674	120	...	R	12	12	No	Req	26	45	July
Maimonides Hospital [1-2] x46														
Beth Moses Div.	Brooklyn	NPAssn	215	4,433	22	100	R	12	14	No	None	20	75	JanJuly
Israel Zion Div.	Brooklyn	NPAssn	507	11,893	14	75	R	12	16	No	Req	28	35	July
Jewish Hospital [2-3] X46	Brooklyn	NPAssn	660	15,314	25	...	R	12	40	(170)	None	45	10	July
Kings County Hospital [1-2] X46	Brooklyn	City	2,710	61,158	100	...	R-S	24	116	No	Req	20	45	July
Long Island College Hospital [2] X46	Brooklyn	NPAssn	438	9,967	36	...	S	12	18	(171)	Req	38	No	July
Methodist Hospital [2] x46	Brooklyn	Church	540	9,685	30	100	R	12	10	No	Req	50	No	July
Norwegian Lutheran Deaconess' Home and Hospital [2]	Brooklyn	Church	263	5,280	45	...	R	12	4		Req	15	50	July
St. Catherine's Hospital [2]	Brooklyn	Church	344	7,806	24	90	R	24	10	No	Req	21	35	July
St. John's Hospital [2]	Brooklyn	Church	361	4,600	24	80	R	12	9	No	Req	43	70	July
St. Mary's Hospital [2]	Brooklyn	Church	320	5,787	28	45	R	24	16	No	Req	32	30	July
St. Peter's Hospital[1]	Brooklyn	Church	205	2,760	16	100	R	12	6	No	Req	23	100	July
Unity Hospital[1]	Brooklyn	NPAssn	283	6,492	...	100	R	12	12	No	Req	19	100	July
Wyckoff Heights Hospital[1]	Brooklyn	NPAssn	190	4,922	30	100	R	24	12	No	Req	25	50	July
Buffalo General Hospital [1-2] X47	Buffalo	NPAssn	500	10,757	50	60	S	12	18	(172)	Req	46	No	July
Allied Hospitals of the Sisters of Charity	Buffalo	See Sisters of Charity Hospital												
Deaconess Hospital [2]	Buffalo	NPAssn	333	9,261	1	...	R	12	8	No	Req	33	40	July
Edward J. Meyer Memorial Hospital [1-3] X47	Buffalo	County	800	10,523	100	...	R	12	24	(233)	Req	46	91.67	July
Mercy Hospital	Buffalo	Church	258	6,682	3	100	R	12	8	No	Req	20	65	June
Millard Fillmore Hospital [2] X47	Buffalo	NPAssn	444	13,201	1	100	R	12	7	(173)	Req	46	25	July
Sisters of Charity Hospital [2]	Buffalo	Church	375	10,795	2	99	R	12	14	(174)	Req	27	35	July
Mary Imogene Bassett Hospital [1] x45, X48	Cooperstown	NPAssn	110	2,864	...	100	R	24	6	No	Req	60	50	July
Arnot-Ogden Memorial Hospital	Elmira	NPAssn	217	6,028	24	70	R	12	4	(175)	None	36	75	July
St. Joseph's Hospital[1]	Elmira	Church	291	6,288	15	50	R	12	6	No	Op	20	75	July
Ideal Hospital[1]	Endicott	City	126	2,891	7	95	R	12	3	No	None	22	100	July
Flushing Hospital[1-2]	Flushing	NPAssn	369	9,740	17	90	R	24	8	No	Req	31	100	July
Meadowbrook Hospital [2]	Hempstead	County	274	4,941	...	100	R	12	12	No	Req	70	50	July
Jamaica Hospital [2]	Jamaica	NPAssn	225	6,350	...	...	R	24	8	No	Req	23	75	July
Mary Immaculate Hospital [2]	Jamaica	Church	336	8,380	45	...	R	24	14	None	Req	26	45	July
Queens General Hospital [1-3] X50	Jamaica	City	757	14,625	100	...	R	24	33	No	Req	45	45	July
Charles S. Wilson Memorial Hospital [1-3]	Johnson City	NPAssn	400	9,304	...	100	R	12	12	No	Req	35	110	July
Our Lady of Victory Hospital[1]	Lackawanna	Church	216	5,090	8	100	R	12	5	No	Req	20	100	July
St. John's Long Island City Hospital [2]	Long Island City	Church	268	6,159	36	...	R	24	16	No	Req	30	50	July
Nassau Hospital [2]	Mineola	NPAssn	277	7,053	19	75	R	12	6	No	None	20	50	July
Mount Vernon Hospital [2]	Mount Vernon	NPAssn	274	7,274	18	20	R	12	6	No	Req	75	75	July
St. Luke's Hospital[1]	Newburgh	NPAssn	227	5,762	...	...	R	12	6	No	Req	22	75	July
New Rochelle Hospital [2]	New Rochelle	NPAssn	369	8,887	...	...	R	12	12	No	Req	28	50	July
Bellevue Hospital * X48-51 x49	New York	City	3,132	59,511	100	(Apply to divisions listed below)								
Division I—Columbia University [2]			226	5,225	100	...	M-S	12	16	No	Req	35	45	July
Division II—Cornell University [2]			205	5,498	100	...	M-S	12	29	No	Req	35	45	July
Division III—New York University [2]			374	11,172	100	...	M-S	12	73	No	Req	35	45	July
Division IV—New York University [2-3]			207	4,846	100	...	M-S	12	24	No	Req	35	45	July
Beth David Hospital	New York	NPAssn	187	4,607	...	100	R	24	15	No	Req	31	50	JanJuly
Beth Israel Hospital [1-2] x51	New York	NPAssn	406	8,829	32	100	R	12	12	No	None	43	25	July
Bronx Hospital [2-3]	New York	NPAssn	392	9,326	26	100	R	12	8	No	Req	27	35	July
Columbus Hospital[1]	New York	Church	300	5,844	...	100	R	18	8	No	None	28	No	Varies
Flower and Fifth Avenue Hospitals [1-2] X50	New York	NPAssn	419	11,634	31	100	S	12	17	No	Req	31	No	July
Fordham Hospital [1-3]	New York	City	305	12,718	100	...	R	12	20	No	Req	24	45	July
French Hospital [2]	New York	NPAssn	313	6,311	35	98	R	24	15	No	Req	42	20	July
Goldwater Memorial Hospital [1-3] X48, x51	New York	City	1,660	1,372	100	...	M	12	14	No	Req	49	45	July
Gouverneur Hospital [1-2]	New York	City	220	3,833	100	...	R	12	6	(176)	Req	15	45	July
Harlem Hospital [1-3]	New York	City	687	20,768	100	...	R	12	47	No	Req	29	45	July
Hospital for Joint Diseases [1-3]	New York	NPAssn	362	5,580	45	100	R	24	12	(177)	Req	27	25	JanJuly
Jewish Memorial Hospital [2]	New York	NPAssn	229	5,733	30	100	R	12	10	No	None	41	50	July
Knickerbocker Hospital [2]	New York	NPAssn	180	4,044	60	90	M	12	8	No	Req	62	50	July
Lebanon Hospital [1]	New York	NPAssn	232	5,435	3	100	R	12	7	No	None	17	25	July
Lenox Hill Hospital [1-3] x51	New York	NPAssn	520	12,640	50	100	R	24	24	No	Req	47	No	July
Lincoln Hospital [2-3]	New York	City	469	12,770	100	...	R	24	24	No	Req	28	45	July
Metropolitan Hospital [1-2] X50	New York	City	1,100	10,724	100	...	R	12	34	No	Req	25	45	July
Misericordia Hospital [1]	New York	Church	236	5,237	67	...	R	12	8	No	Req	27	50	July
Montefiore Hospital for Chronic Diseases [1-3] X48	New York	NPAssn	373	2,836	65	100	M	12	12	No	Req	50	25	July
Morrisania City Hospital [2] X48	New York	City	511	12,326	100	...	R	12	24	No	Req	23	45	July
Mother Cabrini Memorial Hospital	New York	Church	205	3,612	50	50	R	12	6	No	Req	19	50	July
Mount Sinai Hospital [1-3] x48	New York	NPAssn	805	16,171	57	100	R	12	22	None	None	59	25	July
New York City Hospital [1-2] X50	New York	City	880	10,167	100	...	R	24	24	No	Req	47	45	July
New York Hospital [1-3] X49	New York	NPAssn	1,138	20,172	...	...	S	12	43	No	Req	66	No	July
New York Infirmary [1-2]	New York	NPAssn	161	2,899	42	100	R	12	8	No	Req	75	30	Varies
New York Polyclinic Medical School and Hospital [2]	New York	NPAssn	411	9,301	...	100	R	12	8	No	Req	27	No	July
New York Post-Graduate Medical School and Hospital [1-3]	New York	NPAssn	460	9,130	...	100	S	12	10	No	Req	30	No	July
Presbyterian Hospital [1-3] X49	New York	NPAssn	1,563	29,070	59	...	M-S	18	23	No	Req	16	No	JanJuly
Roosevelt Hospital [1-3] X48	New York	NPAssn	375	8,703	...	100	S	12	12	No	Req	36	No	July
St. Clare's Hospital [1-3]	New York	Church	511	9,089	33	80	R	12	15	No	Req	59	10	July
St. Francis Hospital	New York	Church	409	7,360	40	100	R	12	8	No	None	15	25	JanJuly
St. Luke's Hospital [2] X48	New York	NPAssn	520	9,086	57	100	M	12	9	No	Req	41	No	July
St. Vincent's Hospital [1] x51	New York	Church	644	13,116	52	49	R	12	21	No	Req	46	No	July
Sydenham Hospital [1]	New York	NPAssn	251	5,614	...	100	R	12	12	No	Req	36	50	July
United Hospital[1]	Port Chester	NPAssn	314	5,829	30	90	R	12	6	No	Req	22	100	July
Vassar Brothers Hospital	Poughkeepsie	NPAssn	357	6,343	30	...	R	12	5	No	Req	26	100	July
Genesee Hospital [1] x52	Rochester	NPAssn	262	8,632	15	100	R	12	10	No	Req	50	25	July
Highland Hospital [1]	Rochester	NPAssn	269	6,635	10	75	R	12	8	No	Req	48	25	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
NEW YORK—Continued														
Rochester General Hospital *[1]	Rochester	NPAssn	387	12,283	25	80	R	12	18	(178)	Req	75	50	July
St. Mary's Hospital *[1]	Rochester	Church	300	12,472	14	100	R	12	12	No	Req	52	40	July
Strong Memorial-Rochester Municipal Hospitals *[1-3] X52	Rochester	NPAssn	715	17,093	53	100	R	12	39	No	Req	72	13	July
Ellis Hospital *[1] X45	Schenectady	NPAssn	485	12,432	5	100	R	12	8	No	Req	27	65	July
St. Vincent's Hospital *	Staten Island	Church	246	6,517	20	100	R	24	8	No	Req	24	100	July
Staten Island Hospital	Staten Island	NPAssn	279	5,983	33	...	R	24	8	No	Req	21	100	July
Crouse-Irving Hospital *[1] x53	Syracuse	NPAssn	250	7,302	30	50	R	12	6	No	None	27	25	July
General Hospital *[1] x53	Syracuse	NPAssn	170	4,642	10	...	R	12	4	No	Req	31	25	July
Hospital of the Good Shepherd *[1] X53	Syracuse	NPAssn	198	4,458	39	90	R	12	7	(179)	None	53	No	July
Syracuse Memorial Hospital * X53	Syracuse	NPAssn	337	11,217	30	90	R	12	11	(179)	None	35	No	July
Samaritan Hospital *[1]	Troy	NPAssn	212	4,367	...	100	R	12	4	No	Req	37	100	Varies
Troy Hospital[1]	Troy	Church	272	5,725	10	100	R	12	6	No	Req	31	90	July
Grasslands Hospital *[1-3]	Valhalla	County	815	4,470	100	...	R	12	20	No	Req	58	25	July
St. Agnes Hospital	White Plains	Church	177	3,594	35	100	R	12	4	No	Req	29	100	July
White Plains Hospital *[1]	White Plains	NPAssn	219	6,126	18	100	R	12	5	No	Req	49	50	July
St. John's Riverside Hospital	Yonkers	NPAssn	220	5,809	...	...	R	12	6	No	Req	35	100	July-Oct.
St. Joseph's Hospital[1]	Yonkers	Church	193	4,111	15	100	R	12	5	No	Req	24	75	Jan.-June
Yonkers General Hospital[1]	Yonkers	NPAssn	177	5,597	17	30	R	12	5	No	Req	17	100	July
NORTH CAROLINA														
Charlotte Memorial Hospital *[1-3]	Charlotte	NPAssn	403	10,101	27	...	R	12	9	No	Req	50	40	July
Duke Hospital *[1-3] X54	Durham	NPAssn	694	13,571	52	100	S	12	41	(180)	Req	59	No	July
Lincoln Hospital[1]	Durham	NPAssn	122	2,848	40	90	R	12	3	No	Req	27	25	July
Watts Hospital *	Durham	NPAssn	225	9,889	7	100	R-S	12	14	No	Req	41	25	July
Rex Hospital *[1]	Raleigh	NPAssn	334	10,996	10	95	R	12	10	No	Req	28	105	July
St. Agnes Hospital[1]	Raleigh	Church	134	2,531	25	100	R	12	4	No	Req	...	25	July
James Walker Memorial Hospital *[1]	Wilmington	NPAssn	350	8,827	10	100	R	12	6	No	Req	19	50	July
City Memorial Hospital *[1-3]	Winston-Salem	City	223	6,611	7	100	R	12	9	No	Req	34	25	July
Kate Bitting Reynolds Memorial Hospital *[1-3]	Winston-Salem	City	224	5,309	35	100	R	12	6	No	Req	22	25	July
North Carolina Baptist Hospital *[1-3] X55	Winston-Salem	Church	310	7,321	35	100	S	12	22	(181)	Req	56	No	November
NORTH DAKOTA														
St. John's Hospital	Fargo	Church	215	6,175	...	...	R	12	2	No	Req	28	50	July
St. Luke's Hospital *	Fargo	Church	117	6,098	...	...	R	12	2	No	Req	41	50	July
Trinity Hospital *	Minot	Church	229	6,252	...	...	R	12	2	No	None	67	...	Varies
OHIO														
City Hospital *	Akron	NPAssn	489	15,712	7	100	R	12	16	(182)	Req	47	50	July
Peoples Hospital *[1]	Akron	NPAssn	260	11,970	15	100	R	12	6	(182)	Req	36	50	July
St. Thomas Hospital *	Akron	Church	235	8,871	3	100	R	12	8	(183)	Req	32	75	July
Aultman Hospital *[1]	Canton	NPAssn	365	11,103	5	95	R	12	10	No	Req	37	50	July
Mercy Hospital *	Canton	Church	272	8,345	...	...	R	12	6	No	None	32	50	July
Christ Hospital *	Cincinnati	Church	439	10,704	15	95	R	12	14	(184)	Req	40	30	July
Cincinnati General Hospital *[1-3] X56	Cincinnati	City	915	14,757	100	...	R	12	40	(185)	Req	47	No	July
Deaconess Hospital *	Cincinnati	Church	198	4,968	15	100	R	12	5	(186)	Req	23	75	July
Good Samaritan Hospital *	Cincinnati	Church	678	15,635	30	95	R	12	18	No	Req	38	60	July
Jewish Hospital *[1]	Cincinnati	NPAssn	300	9,233	3	100	R	12	9	(187)	Op	52	40	July
St. Mary's Hospital *	Cincinnati	Church	290	5,265	35	28	R	12	8	No	Req	26	75	July
City Hospital *[1-3] X57	Cleveland	City	1,135	14,470	100	...	R	12	36	No	Req	54	40	July
Evangelical Deaconess Hospital[1]	Cleveland	Church	164	6,097	2	65	R	12	4	No	None	18	75	July
Fairview Park Hospital *	Cleveland	Church	201	7,574	3	100	R	12	6	No	Req	44	75	July
Glenville Hospital	Cleveland	NPAssn	135	5,334	...	...	R	12	4	...	None	23	75	July
Lutheran Hospital *[1]	Cleveland	Church	160	5,278	2	98	R	12	4	No	None	44	75	July
Mount Sinai Hospital *[1-3]	Cleveland	NPAssn	262	9,726	12	100	R	12	12	No	Req	45	50	July
St. Alexis Hospital *	Cleveland	Church	255	10,270	14	100	R	12	8	No	Req	35	50	July
St. John's Hospital *	Cleveland	Church	285	8,973	14	100	R	12	8	No	None	47	50	July
St. Luke's Hospital *[1-3]	Cleveland	Church	402	12,713	20	100	R	12	20	No	Req	49	50	June
St. Vincent Charity Hospital *	Cleveland	Church	290	8,338	18	100	R	12	12	(188)	Req	41	50	July
University Hospitals *[1-3] X57	Cleveland	NPAssn	817	20,121	34	100	R	24	30	No	Req	75	Var es	Varies
Grant Hospital *	Columbus	NPAssn	327	10,020	5	100	R	12	8	No	None	34	75	July
Mount Carmel Hospital *[1]	Columbus	Church	315	10,172	4	100	R	12	10	No	Req	32	50	July
St. Francis Hospital * X58	Columbus	State	161	3,979	...	100	R	12	9	No	Req	70	No	July
Starling-Loving University Hospital *[1] X58	Columbus	State	314	8,360	52	100	R	24	16	(190)	None	19	9	July
White Cross Hospital *	Columbus	Church	358	10,769	5	85	R	12	8	No	Req	46	50	July
Good Samaritan Hospital	Dayton	Church	391	12,280	4	...	R	12	8	No	None	...	50	July
Miami Valley Hospital *[1]	Dayton	NPAssn	480	13,236	...	...	R	12	12	No	Req	42	50	July
St. Elizabeth Hospital	Dayton	Church	375	11,129	10	...	R	12	6	No	Req	22	100	July
Huron Road Hospital *[1]	East Cleveland	NPAssn	433	10,655	2	100	R	12	15	No	Req	39	50	July
Mercy Hospital *	Hamilton	Church	325	8,234	25	100	R	12	8	No	Req	28	50	July
Lakewood Hospital *	Lakewood	City	157	5,411	1	100	R	12	4	No	Req	48	50	July
Lima Memorial Hospital	Lima	NPAssn	199	6,149	5	75	R	12	4	No	None	28	90	July
St. Rita's Hospital *	Lima	Church	300	6,548	...	100	R	12	6	No	Req	22	50	July
Springfield City Hospital	Springfield	City	329	7,105	3	100	R	12	6	No	Req	28	100	July
Maumee Valley Hospital *	Toledo	County	325	3,728	90	100	R	12	8	No	Req	43	75	July
Mercy Hospital *	Toledo	Church	340	11,051	25	100	R	12	8	(191)	Req	49	75	July
St. Vincent's Hospital *[1]	Toledo	Church	360	10,539	...	...	R	12	12	No	Req	48	75	July
Toledo Hospital *[1]	Toledo	NPAssn	320	9,432	3	100	R	12	10	No	Req	55	75	July
St. Elizabeth Hospital *	Youngstown	Church	300	14,946	3	100	R	12	10	No	Req	23	100	July
Youngstown Hospital *[1]	Youngstown	NPAssn	632	18,968	4	100	R	24	15	No	Req	44	25	July
OKLAHOMA														
St. Anthony Hospital * x59	Oklahoma City	Church	450	12,801	15	86	R	12	10	No	Req	32	50	July
University Hospitals *[1-3] X59	Oklahoma City	State	536	5,914	90	100	R	12	17	No	None	43	25	July
Wesley Hospital * x59	Oklahoma City	Part	232	6,721	10	80	R	12	6	No	Req	29	50	July
Hillcrest Memorial Hospital *[1]	Tulsa	NPAssn	393	12,637	...	100	R	12	10	No	None	31	50	July
St. John's Hospital *[1]	Tulsa	Church	331	13,192	...	...	R	12	10	No	Req	30	75	July
OREGON														
Emanuel Hospital *[1] x60	Portland	Church	425	13,910	...	100	R	12	12	(192)	Req	84	50	July
Good Samaritan Hospital * x60	Portland	Church	305	13,414	5	51	R	12	16	No	None	50	50	July
Portland Sanitarium and Hospital *	Portland	Church	172	8,073	...	100	R	12	8	No	None	45	100	July
Providence Hospital *[1]	Portland	Church	237	7,310	...	100	R	12	8	(192)	None	42	50	July
University of Oregon Medical School Hospitals and Clinics *[1-3] X60	Portland	State	448	6,437	92	100	R	12	16*	No	Op	63	50	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
PENNSYLVANIA														
Abington Memorial Hospital *§	Abington	NPAssn	300	7,997	34	98	R	24	12	No	Req	53	No	July
Allentown Hospital *†‡	Allentown	NPAssn	327	11,355	60	60	R	12	10	No	Req	39	75	July
Sacred Heart Hospital *†	Allentown	Church	335	7,340	...	99	R	12	8	No	Req	30	75	July
Altoona Hospital†	Altoona	NPAssn	224	6,125	...	100	R	12	5	No	Req	29	100	July
Mercy Hospital†	Altoona	NPAssn	219	8,555	49	...	R	12	5	No	Nurg	...	110	July
St. Luke's Hospital *†‡	Bethlehem	NPAssn	320	8,584	20	50	R	12	12	No	Req	35	30	July
Braddock General Hospital	Braddock	NPAssn	175	4,682	15	...	R	12	5	No	...	...	50	July
Bryn Mawr Hospital *§	Bryn Mawr	NPAssn	233	7,867	18	100	R	12	10	No	Req	53	No	July
Chester Hospital*‡	Chester	NPAssn	310	7,223	18	12	R	12	8	No	Req	33	75	July
George F. Geisinger Memorial Hospital *†‡	Danville	NPAssn	220	7,000	...	100	R	12	10	No	Req	44	50	July
Fitzgerald-Mercy Hospital * ‡64	Darby	Church	304	6,650	16	100	R	12	7	No	Req	55	50	July
Easton Hospital*‡	Easton	NPAssn	210	5,819	20	10	R	12	6	No	Req	41	100	July
Hamot Hospital *†	Erie	NPAssn	332	9,316	18	...	R	12	8	No	Req	40	50	July
St. Vincent's Hospital *	Erie	NPAssn	352	9,970	13	...	R	12	8	No	Req	40	75	July
Westmoreland Hospital†	Greensburg	NPAssn	230	7,167	8	...	R	12	6	No	Nurg	32	100	July
Harrisburg Hospital *†	Harrisburg	NPAssn	368	9,916	25	75	R	12	10	No	Req	35	83.33	July
Harrisburg Polyclinic Hospital *	Harrisburg	NPAssn	349	8,632	14	97	R	12	5	No	Req	32	125	July
Conemaugh Valley Memorial Hospital *†	Johnstown	NPAssn	415	11,549	18	100	R	12	10	No	Req	...	75	July
Nesbitt Memorial Hospital†	Kingston	NPAssn	240	6,289	35	100	R	12	3	No	Req	30	50	July
Lancaster General Hospital†	Lancaster	NPAssn	301	8,165	19	100	R	12	8	No	Req	48	75	July
St. Joseph's Hospital *	Lancaster	Church	272	6,793	40	100	R	12	6	No	Req	52	100	July
McKeesport Hospital*‡	McKeesport	NPAssn	325	8,457	11	100	R	12	7	No	Req	15	100	July
Montgomery Hospital†	Norristown	NPAssn	164	4,918	...	33	R	12	8	No	Req	28	100	July
Chestnut Hill Hospital†	Philadelphia	NPAssn	142	3,392	...	...	R	12	4	No	Req	38	50	July
Episcopal Hospital *†‡ ‡62-63-64	Philadelphia	Church	552	10,146	...	...	R	12	16	No	Req	32	No	July
Frankford Hospital *†	Philadelphia	NPAssn	192	4,248	...	100	R	12	7	No	Req	56	75	July
Germantown Dispensary and Hospital *§ ‡63	Philadelphia	NPAssn	410	7,462	66	100	R	12	12	No	Req	51	No	July
Graduate Hospital of the University of Pennsylvania *§	Philadelphia	NPAssn	461	7,416	100	...	R	12	16	(195)	Req	42	No	July
Hahnemann Hospital *§ ‡61	Philadelphia	NPAssn	692	11,910	49	...	R	12	24	No	Req	61	No	July
Hospital of the University of Pennsylvania *†‡ ‡64	Philadelphia	NPAssn	762	17,749	...	100	R	12	22	No	None	79	No	July
Hospital of the Woman's Medical College *§ ‡65	Philadelphia	NPAssn	206	4,885	53	100	R	12	6	No	Req	39	No	July
Jefferson Medical College Hospital *§ ‡62	Philadelphia	NPAssn	732	19,439	37	100	R	24	28	No	Req	50	No	July
Jewish Hospital *†‡ ‡63	Philadelphia	NPAssn	431	9,203	32	100	R	12	18	(196)	Req	60	No	July
Lankenau Hospital *	Philadelphia	NPAssn	298	6,162	...	100	R	12	10	(197)	Req	53	No	July
Memorial Hospital*‡	Philadelphia	NPAssn	133	3,235	33	90	R	12	3	No	Req	35	100	July
Mercy Hospital†	Philadelphia	NPAssn	120	2,764	...	100	R	12	5	No	Req	17	15	July
Methodist Hospital ‡62	Philadelphia	Church	246	5,136	...	100	R	12	8	No	Op	36	24	July
Misericordia Hospital*‡	Philadelphia	Church	250	6,366	29	...	R	12	7	No	Req	53	No	July
Mount Sinai Hospital *†‡ ‡61 ‡62	Philadelphia	NPAssn	317	6,220	56	25	R	12	14	No	Req	72	No	July
Nazareth Hospital *†	Philadelphia	Church	195	5,673	26	100	R	12	5	No	None	26	75	July
Northeastern Hospital*‡	Philadelphia	NPAssn	102	3,256	...	...	R	12	4	No	Req	...	100	July
Pennsylvania Hospital *§ ‡63-64	Philadelphia	NPAssn	542	10,204	...	...	R	12	18	(198)	Req	59	No	July
Philadelphia General Hospital *†‡ ‡61-62-63-64-65	Philadelphia	City	2,560	22,053	100	...	R	12	80	(196)	Req	58	No	July
Presbyterian Hospital *§ ‡64	Philadelphia	Church	409	7,116	...	100	R	24	12	No	Req	57	No	July
St. Agnes Hospital ‡62	Philadelphia	Church	426	6,268	20	100	R	12	6	No	Req	50	75	July
St. Joseph's Hospital† ‡62	Philadelphia	Church	235	4,807	10	...	R	12	8	No	Req	44	100	July
St. Luke's and Children's Medical Center *§ ‡61-62	Philadelphia	NPAssn	367	9,094	63	85	R	12	9	No	Req	27	75	July
St. Mary's Hospital	Philadelphia	Church	280	6,387	...	100	R	12	8	No	Req	32	No	July
Temple University Hospital *§ ‡63	Philadelphia	NPAssn	602	13,664	...	100	R	12	24	(196)	Req	49	No	July
Woman's Hospital *§ ‡65	Philadelphia	NPAssn	185	4,424	40	100	R	12	6	No	Req	42	...	July
Women's Homeopathic Hospital *§	Philadelphia	NPAssn	218	4,105	44	100	R	12	4	No	Req	37	135	Jan July
Allegheny General Hospital * ‡66	Pittsburgh	NPAssn	600	11,560	25	100	R	12	18	No	Req	23	No	July
Mercy Hospital *§ ‡66	Pittsburgh	Church	735	14,695	35	100	R	12	24	No	Req	23	No	July
Montefiore Hospital *	Pittsburgh	NPAssn	280	7,204	27	100	R	12	11	(199)	Req	41	25	July
Pittsburgh Hospital *†	Pittsburgh	NPAssn	225	5,639	90	100	R	12	6	No	Req	24	50	July
Presbyterian Hospital *§ ‡66	Pittsburgh	NPAssn	235	5,626	14	100	R	12	10	(200)	Req	30	No	July
St. Francis Hospital *§ ‡66	Pittsburgh	NPAssn	740	14,850	...	100	R	12	20	No	Req	21	No	July
St. John's General Hospital	Pittsburgh	NPAssn	250	7,000	25	...	R	12	6	No	None	23	None	July
St. Joseph's Hospital and Dispensary	Pittsburgh	Church	200	6,211	...	100	R	12	8	No	Req	40	75	July
Ste. Margaret Memorial Hospital *†	Pittsburgh	Church	150	3,030	...	100	R	12	4	No	Req	28	75	July
Shadyside Hospital†	Pittsburgh	NPAssn	340	7,932	11	20	R	12	10	(201)	Req	21	75	July
South Side Hospital†	Pittsburgh	NPAssn	239	6,001	...	100	R	12	7	No	Req	16	75	July
Western Pennsylvania Hospital *†‡	Pittsburgh	NPAssn	600	12,138	8	...	R	12	18	No	Req	19	No	July
Pottsville Hospital†	Pottsville	NPAssn	166	3,818	...	83	R	12	3	No	Req	17	120	April
Community General Hospital†	Reading	NPAssn	150	3,603	22	...	R	12	4	No	Req	70	150	July
Reading Hospital *†‡	Reading	NPAssn	357	9,125	...	100	R	12	10	No	Req	57	75	July
St. Joseph's Hospital *§	Reading	Church	220	6,094	15	10	R	12	6	No	Req	51	100	July
Robert Packer Hospital *	Sayre	NPAssn	325	10,560	...	75	R	12	10	No	Req	49	No	Jan July
Moses Taylor Hospital†	Scranton	NPAssn	120	2,295	...	100	R	12	3	(202)	Req	17	100	July
Scranton State Hospital†	Scranton	State	310	5,839	44	30	R	12	10	No	Req	24	110	July
Sewickley Valley Hospital†	Sewickley	NPAssn	185	5,307	...	100	R	12	4	No	Req	38	100	Varies
Uniontown Hospital†	Uniontown	NPAssn	150	7,114	27	83	R	12	6	No	Req	38	100	July
Washington Hospital *	Washington	NPAssn	234	5,383	...	100	R	12	7	No	Req	22	100	July
Chester County Hospital *§	West Chester	NPAssn	179	7,000	45	55	R	12	6	No	Req	18	100	July
Mercy Hospital *†‡	Wilkes-Barre	Church	250	5,752	33	90	R	12	6	No	Req	30	50	July
Wilkes-Barre General Hospital *†	Wilkes-Barre	NPAssn	417	12,677	...	32	R	12	10	No	Req	30	50	July
Columbia Hospital *†	Wilkinsburg	Church	232	5,655	...	100	R	12	5	No	Req	20	50	July
Williamsport Hospital *†	Williamsport	NPAssn	304	8,643	24	76	R	12	8	No	None	31	100	July
Windber Hospital	Windber	NPAssn	117	3,367	...	100	R	12	4	No	Req	25	75	July
York Hospital *§	York	NPAssn	248	7,325	...	...	R	12	8	No	Req	31	100	July
RHODE ISLAND														
Memorial Hospital	Pawtucket	NPAssn	202	7,051	34	67	R	12	6	No	Req	42	50	July
Roger Williams General Hospital	Providence	NPAssn	196	5,502	10	80	R	12	6	No	Req	20	100	July
Rhode Island Hospital *§	Providence	NPAssn	569	13,702	45	...	R	24	24	No	Req	61	No	July
St. Joseph's Hospital†	Providence	Church	360	7,779	35	60	R	24	7	(203)	Req	32	50	July
SOUTH CAROLINA														
Roper Hospital *†‡ ‡67	Charleston	NPAssn	420	10,984	51	100	R	12	20	No	Req	41	10	July
Columbia Hospital *†	Columbia	County	497	11,650	25	...	R	12	14	No	None	31	50	July
McLeod Infirmary	Florence	NPAssn	231	6,369	...	...	R	12	6	No	None	...	50	July
Greenville General Hospital *	Greenville	City	262	11,300	20	100	R	12	9	No	Req	29	50	July
SOUTH DAKOTA														
McKennan Hospital	Sioux Falls	Church	214	6,861	...	100	R	12	4	No	None	60	75	July
Sioux Valley Hospital	Sioux Falls	NPAssn	220	6,845	...	...	R	12	8	No	None	31	50	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
TENNESSEE														
Baroness Erlanger Hospital *[1-3]	Chattanooga	CyCo	485	13,326	30	100	R	12	14	(204)	Req	28	60	July
Knoxville General Hospital *[2]	Knoxville	City	325	8,976	51	100	R	12	9	No	Req	30	40	Varies
Baptist Memorial Hospital *	Memphis	Church	570	18,146	28	75	R	12	16	No	Req	19	50	July
John Gaston Hospital *[2] X168	Memphis	City	550	17,812	95	100	R	12	24	No	Req	62	35	Varies
Methodist Hospital *	Memphis	Church	300	12,252	10	25	R	12	10	No	Req	44	50	Varies
St. Joseph Hospital *[2]	Memphis	Church	360	11,389	10	100	R	12	8	No	Req	41	50	Varies
George W. Hubbard Hospital *[2] X69	Nashville	NPAsn	181	2,286	89	90	R	12	8	No	Req	29	15	July
Nashville General Hospital * a70	Nashville	City	295	7,319	75	100	R	12	14	No	Req	37	25	July
Protestant Hospital	Nashville	NPAsn	132	4,336	2	100	M	12	4	No	None	18	80	July
St. Thomas Hospital *	Nashville	Church	248	9,108	20	100	S	12	12	(205)	None	40	30	July
Vanderbilt University Hospital *[1] X70	Nashville	NPAsn	410	9,296	...	...	S	12	23	(135)	None	59	No	July
Oak Ridge Hospital	Oak Ridge	NPAsn	382	9,591	2	100	R	12	6	No	Req	62	100	July
TEXAS														
Brackenridge Hospital	Austin	City	272	6,888	32	100	R	12	8	No	Req	16	60	July
Baylor University Hospital *[1] a71	Dallas	Church	500	16,450	10	100	R-S	12	27	No	Req	30	37.50	July
Methodist Hospital * a71 *	Dallas	Church	250	10,262	...	100	R	12	6	No	Req	23	50	July
Parkland Hospital *[1-3] X71	Dallas	CyCo	422	8,057	80	95	R	12	14	No	Req	36	10	July
St. Paul's Hospital * a71	Dallas	Church	350	12,667	...	100	R	12	20	No	None	24	50	July
El Paso City-County Hospital	El Paso	CyCo	211	2,438	98	...	R	12	3	No	Req	61	75	July
City-County Hospital[2]	Fort Worth	CyCo	192	3,041	95	...	R	12	6	No	Req	35	25	July
Harris Memorial Methodist Hospital *[1]	Fort Worth	Church	375	12,737	6	100	R	12	16	No	Req	25	50	July
St. Joseph's Hospital[2]	Fort Worth	Church	287	9,444	2	100	R	12	6	No	Req	20	100	July
John Sealy Hospital *[1] X72	Galveston	State	516	9,110	53	100	R	12	21	No	Req	62	25	July
Hermann Hospital *[1] X73	Houston	NPAsn	330	9,589	50	100	R	12	15	(200)	Req	55	30	July
Jefferson Davis Hospital *[2] a72 X73	Houston	CyCo	403	11,340	...	...	R	12	22	No	Req	31	25	July
Methodist Hospital *[1] a72-73	Houston	Church	157	5,846	5	100	R	12	4	No	Req	48	25	July
Medical and Surgical Memorial Hospital	San Antonio	NPAsn	297	11,960	...	10	R	12	10	No	Req	21	100	July
Nix Memorial Hospital	San Antonio	Corp	179	6,526	...	100	R	12	3	No	None	27	100	July
Robert B. Green Memorial Hospital[2-3]	San Antonio	County	216	4,099	99	...	R	12	10	No	None	30	25	July
Santa Rosa Hospital *	San Antonio	Church	413	14,565	12	100	R	12	14	No	Req	28	75	July
Kings Daughters Hospital[2-3]	Temple	NPAsn	126	3,313	...	75	R	12	3	No	Req	19	125	Mar/July
Scott and White Hospital *[1]	Temple	Corp	220	6,789	...	100	R	12	9	(207)	Req	49	75	July
Wichita Falls Clinic Hospital *	Wichita Falls	Part	117	4,918	...	100	R	12	3	No	Req	66	150	July
UTAH														
St. Benedict's Hospital	Ogden	Church	186	5,339	...	...	R	12	5	No	None	46	No	July
Thomas D. Dee Memorial Hospital *[1] a76	Ogden	Church	400	11,011	...	...	R	12	6	(208)	Req	42	25	July
Dr. W. H. Groves Latter-Day Saints Hospital * a76	Salt Lake City	Church	476	14,054	5	50	R	12	12	No	Req	34	25	July
Holy Cross Hospital *[1] a76	Salt Lake City	Church	260	7,533	1	100	R	12	7	No	None	36	25	July
St. Mark's Hospital * a76	Salt Lake City	Church	244	6,486	5	100	R	12	6	No	Req	18	50	July
Salt Lake County General Hospital *[1] X74	Salt Lake City	County	254	3,551	100	...	R	12	14	No	Req	55	25	July
VERMONT														
Bishop DeGoesbriand Hospital *[1] X75	Burlington	Church	140	3,711	40	100	R	12	3	No	None	40	50	July
Mary Fletcher Hospital *[1-3] X75	Burlington	NPAsn	230	5,903	34	100	R	12	7	No	Req	58	50	July
VIRGINIA														
Alexandria Hospital *[1]	Alexandria	NPAsn	228	6,438	21	100	R	12	6	No	Req	56	50	July
University of Virginia Hospital *[1] X76	Charlottesville	State	557	14,021	100	...	M	12	25	(234)	Req	68	No	July
Chesapeake and Ohio Hospital *	Clifton Forge	NPAsn	175	6,166	90	100	R	12	3	No	...	63	...	July
Elizabeth Buxton Hospital	Newport News	Indiv	181	6,534	...	100	R	12	3	No	Req	44	100	July
Riverside Hospital	Newport News	NPAsn	221	5,960	...	...	R	12	4	...	...	26	...	July
De Paul Hospital *[1]	Norfolk	Church	306	9,094	10	90	R	12	6	No	Req	53	50	July
Norfolk General Hospital *	Norfolk	NPAsn	395	9,706	16	100	R	12	13	No	Req	35	50	July
Johnston-Willis Hospital *[1]	Richmond	Corp	171	5,822	...	100	R	12	5	No	Req	57	25	July
Medical College of Virginia Hospital Div. *[1-3] X77 (Memorial, Dooley and St. Philip Hosps.)	Richmond	State	810	13,621	54	100	R	12	42	(236)	Req	43	No	July
Stuart Circle Hospital	Richmond	Corp	137	4,231	...	100	R	12	3	No	None	48	50	July
Jefferson Hospital *[1]	Roanoke	NPAsn	180	5,172	75	100	R	12	3	(200)	Req	28	50	July
Lewis-Gale Hospital *	Roanoke	NPAsn	270	6,385	...	100	R	12	4	No	Req	30	75	July
Roanoke Hospital[2]	Roanoke	NPAsn	150	4,262	8	100	R	12	6	No	Req	35	75	July
WASHINGTON														
Columbus Hospital	Seattle	Church	244	5,834	...	100	R	12	6	(210)	None	48	50	July
Doctors Hospital *	Seattle	NPAsn	248	7,527	...	100	R	12	6	No	None	57	50	July
King County Hospital (Gen. No. 1 (Harborview)) *[1]	Seattle	County	551	12,015	100	...	R	12	22	No	Req	47	75	July
Providence Hospital *	Seattle	Church	434	10,749	...	100	R	12	10	(211)	Req	43	50	July
Seattle General Hospital[2]	Seattle	NPAsn	141	5,017	...	100	R	12	4	(212)	None	17	50	Jan/July
Swedish Hospital *	Seattle	NPAsn	374	10,398	5	95	R	12	12	(212)	Req	45	50	July
Virginia Mason Hospital *	Seattle	NPAsn	243	8,373	...	100	R	12	8	No	Req	70	50	July
Deaconess Hospital *	Spokane	Church	244	9,040	...	100	R	12	7	No	None	57	85	July
Sacred Heart Hospital *	Spokane	Church	460	12,689	5	...	R	12	12	(213)	None	...	100	July
St. Luke's Hospital[2]	Spokane	NPAsn	201	7,486	...	100	R	12	8	(214)	Req	59	75	July
Pierce County Hospital	Tacoma	County	221	3,745	100	...	R	12	8	(215)	Req	49	100	July
St. Joseph's Hospital *	Tacoma	Church	350	13,469	...	100	R	12	4	No	Req	50	100	July
Tacoma General Hospital *[1]	Tacoma	NPAsn	283	8,299	...	...	R	12	6	No	None	52	75	July
Northern Permanente Foundation *	Vancouver	NPAsn	345	4,286	75	100	R	12	6	No	Req	66	100	July
WEST VIRGINIA														
Charleston General Hospital *[1]	Charleston	NPAsn	335	9,584	50	100	R	12	10	No	Req	45	100	July
Kanawha Valley Hospital	Charleston	Corp	165	4,967	82	75	R	12	2	No	Req	39	100	July
Chesapeake and Ohio Hospital *	Huntington	NPAsn	185	5,746	...	...	R	12	4	No	Req	48	50	July
St. Mary's Hospital *[1]	Huntington	Church	244	6,521	...	...	R	12	6	No	Req	26	50	July
Camden-Clark Memorial Hospital	Parkersburg	City	187	4,798	25	100	R	12	4	No	...	35	100	Apr/July
St. Joseph's Hospital	Parkersburg	Church	205	6,947	...	100	R	12	4	No	Req	35	100	July
Ohio Valley General Hospital	Wheeling	NPAsn	360	8,887	10	100	R	12	10	No	Req	21	100	July
Wheeling Hospital[2]	Wheeling	Church	280	7,098	10	...	R	12	5	No	None	20	100	July

Abbreviations and other references will be found on pages 40 and 41.

Name of Hospital	Location	Control	Capacity	Total Patients Admitted	% Service Cases	% Private Patients Assigned to Interns	Type of Internship	Length of Service in Months	Internships	Affiliated Service	Outpatient Service	Autopsy Percentage	Stipend per Month	Service Commences
WISCONSIN														
St. Elizabeth Hospital	Appleton	Church	230	6,871	...	100	R	12	3	No	None	22	50	July
Luther Hospital[1] x78	Eau Claire	NPAssn	218	6,396	...	100	R	12	4	No	None	45	50	Varies
Mercy Hospital x78	Janesville	Church	145	3,598	...	...	R	12	3	No	None	19	...	July
St. Agnes Hospital	Fond du Lac	Church	336	8,290	...	100	R	12	4	No	None	30	50	July
La Crosse Lutheran Hospital [*1] x78	La Crosse	NPAssn	152	5,013	...	...	M	12	1	No	Req	44	50	July
St. Francis Hospital[1] x78	La Crosse	Church	340	7,918	...	100	R	12	8	No	Req	48	100	Varies
Madison General Hospital [*1]	Madison	NPAssn	203	6,714	...	100	R	12	6	No	Req	47	50	July
Methodist Hospital	Madison	Church	131	4,721	...	...	R	12	4	No	Req	22	60	July
St. Mary's Hospital [*1]	Madison	Church	250	7,739	...	100	R	12	8	No	None	33	75	July
State of Wisconsin General Hospital [*1] X78	Madison	State	772	12,498	...	100	R	12	20	No	Req	84	No	July
Columbia Hospital *	Milwaukee	NPAssn	185	4,821	1	100	R	12	7	No	Req	59	25	July
Evangelical Deaconess Hospital *	Milwaukee	Church	167	6,677	1	99	R	12	6	No	Req	30	75	JanJuly
Milwaukee County Hospital [*2] X79	Milwaukee	County	985	16,335	100	...	R	12	40	(216)	Req	79	...	July
Milwaukee Hospital *	Milwaukee	Church	359	10,742	3	...	R	12	9	(217)	Req	55	30	July
Misericordia Hospital	Milwaukee	Church	140	4,768	...	100	R	12	3	No	None	28	100	July
Mount Sinai Hospital [*1]	Milwaukee	NPAssn	215	7,797	3	100	R	12	8	No	Req	41	40	July
St. Joseph Hospital *	Milwaukee	Church	435	12,579	...	...	R	12	11	(218)	Req	27	40	July-Sept
St. Luke's Hospital *	Milwaukee	Church	130	4,889	...	100	R	12	4	No	None	26	50	.....
St. Mary's Hospital *	Milwaukee	Church	252	7,379	...	100	R	12	6	No	Req	62	50	Varies
St. Michael's Hospital[1]	Milwaukee	Church	160	4,414	18	...	R	12	4	No	Req	33	75	July
Mercy Hospital	Oshkosh	Church	239	5,780	...	100	R	12	4	No	None	20	100	July
St. Mary's Hospital	Racine	Church	271	5,572	...	100	R	12	4	No	None	28	75	July
CANAL ZONE														
Gorgas Hospital *	Ancon	Fed	See U.S. Army, page 29											
HAWAII														
Kuakini Hospital	Honolulu	NPAssn	140	5,073	3	...	M	12	4	No	None	33	70	July
Queen's Hospital [*2]	Honolulu	NPAssn	424	12,278	11	100	R	12	12	(219)	Req	61	60	Varies
St. Francis Hospital[1]	Honolulu	Church	250	7,561	2	75	R	18	8	No	Req	47	75	Varies
PUERTO RICO														
Arecibo Charity District Hospital[1]	Arecibo	Govt	315	4,216	100	...	R	12	4	No	None	...	125	July
Bayamon District Hospital[1]	Bayamon	Govt	335	6,621	100	...	R	12	8	No	Req	33	75	July
Fajardo Charity District Hospital	Fajardo	Govt	324	4,655	...	...	R	15	4	No	Req	22	75	Varies
Clinica Quirurgica Dr. Pila[1]	Ponce	NPAssn	174	3,006	...	...	R	12	4	No	Req	41	125	JanJuly
Presbyterian Hospital[1]	San Juan	Church	137	2,768	50	100	R	12	4	No	Req	17	10	July

HOSPITALS APPROVED FOR INTERNSHIPS IN THE DOMINION OF CANADA

For the benefit of graduates of approved medical colleges who desire an internship in Canada, the Council on Medical Education and Hospitals of the American Medical Association has declared that hospitals which conform to the standards of the Canadian Medical Association should be regarded as giving an internship equivalent in educational value to that offered by hospitals in the United States approved for intern training by the Council. It is understood, however, that this statement applies only to hospitals that are unqualifiedly "Approved" under the Canadian plan and does not apply to that group referred to as "Commended."

The following list of hospitals, revised to April 1, 1947, has been furnished by the Canadian Medical Association.

Name of Hospital	Location	Name of Hospital	Location	Name of Hospital	Location
Camp Hill Hospital	Halifax, N. S.	Hamilton General Hospital	Hamilton, Ont.	Hotel Dieu of St. Joseph	Windsor, Ont.
Victoria General Hospital	Halifax, N. S.	St. Joseph's Hospital	Hamilton, Ont.	Children's Hospital	Winnipeg, Man.
St. John General Hospital	St. John, N. B.	St. Joseph's Hospital	London, Ont.	Deer Lodge Hospital	Winnipeg, Man.
Hospital du St. Sacrament	Quebec, Que.	Victoria Hospital	London, Ont.	Misericordia Hospital	Winnipeg, Man.
Hospital Dieu de Quebec	Quebec, Que.	Westminster Hospital	London, Ont.	Winnipeg General Hospital	Winnipeg, Man.
Hospital of the Infant Jesus	Quebec, Que.	Oshawa General Hospital	Oshawa, Ont.	St. Boniface Hospital	St. Boniface, Man.
Jeffrey Hale's Hospital	Quebec, Que.	Ottawa Civic Hospital	Ottawa, Ont.	Regina Grey Nun's Hospital	Regina, Sask.
Children's Memorial Hospital	Montreal, Que.	Ottawa General Hospital	Ottawa, Ont.	Regina General Hospital	Regina, Sask.
Herbert Reddy Mem. Hospital	Montreal, Que.	Hotel Dieu Hospital	Kingston, Ont.	St. Paul's Hospital	Saskatoon, Sask.
Homeopathic Hospital	Montreal, Que.	Kingston General Hospital	Kingston, Ont.	Saskatoon City Hospital	Saskatoon, Sask.
Hospital Notre Dame	Montreal, Que.	Christie Street Hospital	Toronto, Ont.	Calgary General Hospital	Calgary, Alta.
Hospital Ste. Jeanne d'Arc	Montreal, Que.	Hospital for Sick Children	Toronto, Ont.	Colonel Belcher Hospital	Calgary, Alta.
Hospital Ste. Justine	Montreal, Que.	Mount Sinai Hospital	Toronto, Ont.	Holy Cross Hospital	Calgary, Alta.
Hotel Dieu de Montreal	Montreal, Que.	St. Joseph's Hospital	Toronto, Ont.	Edmonton General Hospital	Edmonton, Alta.
Hospital Ste. Luc	Montreal, Que.	St. Michael's Hospital	Toronto, Ont.	Misericordia Hospital	Edmonton, Alta.
Jewish General Hospital	Montreal, Que.	Toronto East General Hospital	Toronto, Ont.	Royal Alexandra Hospital	Edmonton, Alta.
Montreal General Hospital	Montreal, Que.	Toronto General Hospital	Toronto, Ont.	University of Alberta Hosp.	Edmonton, Alta.
Queen Mary Veterans Hospital	Montreal, Que.	Toronto Western Hospital	Toronto, Ont.	St. Paul's Hospital	Vancouver, B. C.
Royal Victoria Hospital	Montreal, Que.	Wellesley Hospital	Toronto, Ont.	Shaughnessy Hospital	Vancouver, B. C.
St. Mary's Hospital	Montreal, Que.	Women's College Hospital	Toronto, Ont.	Vancouver General Hospital	Vancouver, B. C.
Ste. Anne's Hospital	Ste. Anne de Bellevue, Que.	Grace Hospital	Windsor, Ont.	Royal Jubilee Hospital	Victoria, B. C.
Brantford General Hospital	Brantford, Ont.	Metropolitan Hospital	Windsor, Ont.	St. Joseph's Hospital	Victoria, B. C.

Abbreviations and other references will be found on pages 40 and 41.

ABBREVIATIONS AND NOTES

CyCo	City and County	NPAssn	Nonprofit association	R	Rotating
Corp	Corporation unrestricted as to profit	Op	Optional	S	Straight
M	Mixed	Part	Partnership	USPHS	United States Public Health Service.
	1. Women interns admitted.	Req	Required		(a) In lieu of maintenance.
	2. Women interns only.				(b) Male patients only.
	3. Dental interns employed.				
	4. Salary established by government pay tables.				

+ The plus sign indicates additional approval for residencies in specialties, as shown in the Council's list of Approved Residencies and Fellowships for Veteran and Civilian Physicians.

Medical School Affiliations

Footnotes 10 to 79 refer to medical schools affiliated with hospitals for undergraduate clinical clerkships. Hospitals have been identified with symbol **X** when a medical school has indicated that the hospital is a major unit in the school's teaching program. Hospitals have been identified with symbol **x** when a medical school has indicated that the hospital is used to a limited extent in the school's teaching program.

10. Medical College of Alabama, Birmingham, Ala.
11. University of Arkansas School of Medicine, Little Rock, Ark.
12. University of California Medical School, Berkeley-San Francisco, Calif.
13. College of Medical Evangelists, Loma Linda-Los Angeles, Calif.
14. University of Southern California School of Medicine, Los Angeles, Calif.
15. Stanford University School of Medicine, Stanford University—San Francisco, Calif.
16. University of Colorado School of Medicine, Denver, Colo.
17. Yale University School of Medicine, New Haven, Conn.
18. Georgetown University School of Medicine, Washington, D. C.
19. George Washington University School of Medicine, Washington, D. C.
20. Howard University College of Medicine, Washington, D. C.
21. Emory University School of Medicine, Atlanta, Ga.
22. University of Georgia School of Medicine, Augusta, Ga.
23. Loyola University School of Medicine, Chicago, Ill.
24. Northwestern University Medical School, Chicago, Ill.
25. University of Chicago, The School of Medicine, Chicago, Ill.
26. University of Illinois College of Medicine, Chicago, Ill.
27. Indiana University School of Medicine, Bloomington-Indianapolis, Ind.
28. State University of Iowa College of Medicine, Iowa City, Iowa.
29. University of Kansas School of Medicine, Lawrence-Kansas City, Kan.
30. University of Louisville School of Medicine, Louisville, Ky.
31. Louisiana State University School of Medicine, New Orleans, La.
32. Tulane University of Louisiana School of Medicine, New Orleans, La.
33. Johns Hopkins University School of Medicine, Baltimore, Md.
34. University of Maryland School of Medicine and College of Phys. and Surg., Baltimore, Md.
35. Boston University School of Medicine, Boston, Mass.
36. Harvard Medical School, Boston, Mass.
37. Tufts College Medical School, Boston, Mass.
38. University of Michigan Medical School, Ann Arbor, Mich.
39. Wayne University College of Medicine, Detroit, Mich.
40. University of Minnesota Medical School, Minneapolis, Minn.
41. St. Louis University School of Medicine, St. Louis, Mo.
42. Washington University School of Medicine, St. Louis, Mo.
43. Creighton University School of Medicine, Omaha, Neb.
44. University of Nebraska College of Medicine, Omaha, Neb.
45. Albany Medical College, Albany, N. Y.
46. Long Island College of Medicine, Brooklyn, N. Y.
47. University of Buffalo School of Medicine, Buffalo.
48. Columbia University College of Physicians and Surgeons, New York, N. Y.
49. Cornell University Medical College, New York, N. Y.
50. New York Medical College, Flower and Fifth Avenue Hospitals, New York, N. Y.
51. New York University College of Medicine, New York, N. Y.
52. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
53. Syracuse University College of Medicine, Syracuse, N. Y.
54. Duke University School of Medicine, Durham, N. C.
55. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
56. University of Cincinnati College of Medicine, Cincinnati, Ohio.
57. Western Reserve University School of Medicine, Cleveland, Ohio.
58. Ohio State University College of Medicine, Columbus, Ohio.
59. University of Oklahoma School of Medicine, Oklahoma City, Okla.
60. University of Oregon Medical School, Portland, Ore.
61. Hahnemann Medical College and Hospital of Philadelphia, Philadelphia, Pa.
62. Jefferson Medical College of Philadelphia, Philadelphia, Pa.
63. Temple University School of Medicine, Philadelphia, Pa.
64. University of Pennsylvania School of Medicine, Philadelphia, Pa.
65. Woman's Medical College of Pennsylvania, Philadelphia, Pa.
66. University of Pittsburgh School of Medicine, Pittsburgh, Pa.
67. Medical College of the State of South Carolina, Charleston, S. C.
68. University of Tennessee College of Medicine, Memphis, Tenn.
69. Meharry Medical College, Nashville, Tenn.
70. Vanderbilt University School of Medicine, Nashville, Tenn.
71. Southwestern Medical College of the Southwestern Medical Foundation, Dallas, Tex.
72. University of Texas School of Medicine, Galveston, Tex.
73. Baylor University College of Medicine, Houston, Tex.
74. University of Utah School of Medicine, Salt Lake City, Utah.
75. University of Vermont College of Medicine, Burlington, Vt.
76. University of Virginia Department of Medicine, Charlottesville, Va.
77. Medical College of Virginia, Richmond, Va.
78. University of Wisconsin Medical School, Madison, Wis.
79. Marquette University School of Medicine, Milwaukee, Wis.

Affiliations as Referred to in Column Headed: "Affiliated Service"

104. Jefferson Tuberculosis Sanatorium, Birmingham.
105. Arkansas Children's Home and Hospital, State Hospital, Little Rock, pediatrics, psychiatry.
106. Los Angeles County Hospital, Los Angeles, contagious diseases, psychiatry.
107. Santa Monica Hospital, emergency, outpatient service.
108. Compton Sanitarium, Compton, psychiatry; Children's Hospital, Los Angeles, pediatrics.
109. Children's Hospital, Los Angeles Maternity Service, pediatrics, obstetrics.
110. Fairmont Hospital of Alameda County, San Leandro, and Arroyo-Del Valle Sanatorium, Livermore, medicine, surgery, tuberculosis.
111. Langley Porter Clinic, Children's Hospital, San Francisco, psychiatry, pediatrics.
112. Veterans Administration Hospital, West Los Angeles, psychiatry.
113. California Hospital, Los Angeles, pediatrics.
114. Boulder-Colorado Sanitarium and Hospital, Boulder Community Hospital.
115. University of Colorado Medical School, Denver, pediatrics, outpatient service.
116. Undercliff Sanatorium, Meriden.
117. Connecticut State Hospital, Middleton, psychiatry; Undercliff Sanatorium, Meriden, tuberculosis.
118. Gallinger Municipal Hospital, Washington.
119. Children's Hospital, Eastern Dispensary and Casualty Hospital, Washington, pediatrics, emergency.
120. Mount Alto Hospital, Gallinger Municipal Hospital, Washington.
121. Grady Memorial Hospital, Atlanta, pediatrics, gynecology, surgery.
122. St. Elizabeth Hospital, Chicago, obstetrics, gynecology.
123. Frank Cuneo Hospital, Chicago, obstetrics, gynecology.
124. Winfield Hospital, Winfield, tuberculosis.
125. Children's Memorial Hospital, Chicago, pediatrics; Lake County Tuberculosis Sanatorium, Waukegan.
126. Children's Memorial Hospital, City of Chicago Municipal Tuberculosis Sanatorium, pediatrics, tuberculosis.
127. Indiana University Medical Center, Indianapolis, pediatrics.
128. St. Bernard's Hospital, Council Bluffs, psychiatry.
129. Salvation Army Home and Hospital, Sedgwick County Hospital, Wichita, obstetrics, general.
130. St. Joseph's Hospital, Sedgwick County Hospital, Wichita.
131. United States Public Health Service Hospital, Lexington, outpatient service.
132. Children's Free Hospital, Louisville, pediatrics; Waverly Hills Sanatorium, Waverly Hills, tuberculosis.
133. Louisville General Hospital, Children's Free Hospital, Louisville, pediatrics.
134. Shreveport Charity Hospital, pathology.
135. Sydenham Hospital, Baltimore, pediatrics.
136. Charles V. Chapin Hospital, Providence, R. I., contagious diseases.
137. Boston Sanatorium, Boston, tuberculosis.
138. Boston Lying-in Hospital, House of the Good Samaritan, Boston, obstetrics, pediatrics, rheumatic fever.

139. Framingham Union Hospital, Framingham, surgery.
140. Robert Breck Brigham Hospital, New England Deaconess Hospital, Haynes Memorial Hospital, Boston, medicine.
141. Wesson Maternity Hospital, Springfield, obstetrics.
142. Health Department Hospital, Shriners Hospital for Crippled Children, Springfield, tuberculosis, contagious diseases, orthopedics.
143. Herman Kiefer Hospital, Children's Hospital, City of Detroit Receiving Hospital, pediatrics, contagious diseases, tuberculosis.
144. Herman Kiefer, Woman's Hospital, obstetrics, contagious diseases.
145. Herman Kiefer Hospital, Children's Hospital, pediatrics, contagious diseases, obstetrics.
146. Herman Kiefer Hospital.
147. St. Joseph's Retreat, Dearborn, psychiatry; Herman Kiefer Hospital, Detroit, contagious diseases.
148. St. Joseph's Retreat, Dearborn, psychiatry.
149. Children's Hospital, City of Detroit Receiving Hospital.
150. Jackson County Sanatorium, Jackson, tuberculosis.
151. Ingham Sanatorium, Lansing, medicine, surgery.
152. Ingham Sanatorium, Lansing, tuberculosis.
153. Saginaw County Infirmary Hospital, Saginaw, contagious diseases, pediatrics.
154. Miller Memorial Hospital, Duluth, outpatient service.
155. St. Mary's Hospital, Minneapolis, obstetrics.
156. Minneapolis General Hospital, obstetrics-gynecology, pediatrics, surgery, medicine.
157. Gillette State Hospital for Crippled Children, St. Paul.
158. Kansas City Municipal Tuberculosis Hospital.
159. Washington University Group of Hospitals includes Barnes Hospital McMillan Hospital, St. Louis Children's Hospital and St. Louis Maternity Hospital; Shriners Hospital for Crippled Children, City Sanitarium.
160. Robert Koch Hospital, Koch, tuberculosis, contagious diseases.
161. Alexian Brothers Hospital, St. Louis, psychiatry.
162. St. Louis City Sanitarium, psychiatry.
163. St. Louis City Hospital, contagious diseases, tuberculosis; Shriners Hospital for Crippled Children, orthopedics.
164. St. Mary's Group of Hospitals includes the Firmin Desloge Hospital, St. Mary's Hospital and Mount St. Rose Sanatorium.
165. New Jersey Orthopaedic Hospital, Orange, Essex County Hospital for Contagious Diseases, Belleville, Essex Mountain Sanatorium, Verona.
166. St. Elizabeth Hospital, Elizabeth, obstetrics.
167. Margaret Hague Maternity Hospital, Berthold S. Pollak Hospital for Chest Diseases, Jersey City.
168. Margaret Hague Maternity Hospital, Jersey City.
169. Anthony N. Brady Maternity Home, Albany.
170. Sydenham Hospital, Baltimore, contagious diseases.
171. Brooklyn Thoracic Hospital, tuberculosis.
172. Children's Hospital, Buffalo, pediatrics.
173. Edward J. Meyer Memorial Hospital, Buffalo, psychiatry, contagious diseases.
174. Allied Hospitals of the Sisters of Charity include Emergency Hospital, Louise de Marillac Hospital and Sisters Hospital.
175. Chemung County Sanatorium.
176. Greenpoint Hospital, Brooklyn, obstetrics.
177. Beth Israel Hospital, New York City, obstetrics.
178. Geneva General Hospital, Geneva.
179. Rotation service established between Hospital of the Good Shepherd, Syracuse Memorial Hospital, City Hospital and Syracuse Psychopathic Hospital, comprising Syracuse University Medical Center Hospitals.
180. North Carolina Orthopedic Hospital, Gastonia, orthopedics; Sydenham Hospital, Baltimore, pediatrics.
181. Forsyth County Hospital, Winston-Salem, medicine.
182. Children's Hospital, Akron, pediatrics.
183. Edwin Shaw Sanatorium, tuberculosis; Summit County Receiving Hospital, Cuyahoga Falls, psychiatry.
184. Children's Hospital, Cincinnati, pediatrics.
185. Dunham Hospital, tuberculosis; Hamilton County Home and Chronic Disease Hospital.
186. Cincinnati General Hospital, contagious diseases, pediatrics.
187. Cincinnati General Hospital, pediatrics.
188. St. Ann's Maternity Hospital, Cleveland.
189. Children's Hospital, Columbus, pediatrics.
190. Children's Hospital, St. Francis Hospital, pediatrics.
191. Maumee Valley Hospital, contagious diseases; William W. Roche Memorial Tuberculosis Hospital.
192. Shriners Hospital for Crippled Children.
193. St. Vincent's Hospital, Portland, obstetrics.
195. Hospital of the University of Pennsylvania, Philadelphia, obstetrics.
196. Philadelphia Hospital for Contagious Diseases.
197. Children's Hospital of the Mary J. Drexel Home, Philadelphia, pediatrics.
198. Children's Hospital, Philadelphia, pediatrics.
199. Roschs Foundling and Maternity Hospital, Pittsburgh.
200. Elizabeth Steel Magee Hospital, Children's Hospital, Eye and Ear Hospital, Woman's Hospital, Western State Psychiatric Institute and Clinic.
201. Municipal Hospital, Pittsburgh, contagious diseases.
202. West Side Hospital, Scranton, obstetrics.
203. Charles V. Chapin Hospital, Providence, contagious diseases, psychiatry.
204 T. C. Thompson Children's Hospital, Pine Breeze Sanatorium, Chattanooga, pediatrics, tuberculosis.
205. Vanderbilt University Hospital, Nashville.
206. Southern Pacific Hospital, Houston, industrial medicine, surgery.
207. Gulf, Colorado and Santa Fe Hospital, Temple, medicine, surgery.
208. Utah State Tuberculosis Sanatorium.
209. Roanoke City Sanatorium, tuberculosis.
210. King County Hospital, Seattle, outpatient service.
211. King County Tuberculosis Hospital.
212. Children's Orthopedic Hospital, Seattle.
213. Eastern State Hospital, Medical Lake, psychiatry; Edgecliff Sanatorium, tuberculosis.
214. Shriners Hospital for Crippled Children, outpatient service.
215. Mountain View Sanatorium, Lakeview, tuberculosis.
216. South View Hospital, Milwaukee, contagious diseases.
217. Milwaukee Children's Hospital.
218. St. Michael Hospital, Milwaukee, outpatient service.
219. Kaaikeolani Children's Hospital, Honolulu, pediatrics.
220. United States Naval Hospital, Brooklyn, obstetrics, gynecology.
221. Newport Hospital, medicine, surgery, obstetrics, gynecology, pediatrics.
222. St. Joseph Hospital, obstetrics, gynecology.
223. San Francisco Hospital, obstetrics, gynecology.
224. Chicago Maternity Center; Chicago Memorial Hospital, pediatrics.
225. University Hospital, obstetrics.
226. Grace Hospital, obstetrics, pediatrics.
227. Misericordia Hospital, New York City, obstetrics, gynecology, pediatrics.
228. Mount Sinai Hospital, obstetrics, gynecology, pediatrics.
229. St. Mary's Infirmary, obstetrics, gynecology, pediatrics.
230. Norfolk General Hospital, Norfolk, obstetrics; Kings Daughters Hospital, Portsmouth, pediatrics.
231. Indianapolis General Hospital, emergency, orthopedics.
232. Children's Hospital, St. Paul, pediatrics.
233. Emergency Hospital, Buffalo, traumatic surgery.
234. Blue Ridge Sanatorium, Charlottesville, tuberculosis.
235. Laguna Honda Home, San Francisco, chronic diseases; Hassler Health Home, Redwood City, tuberculosis.
236. Stuart Circle Hospital, St. Luke's Hospital, St. Elizabeth's Hospital, Pine Camp Hospital, Richmond, Raiford Memorial Hospital, Franklin, Mary Washington Hospital, Fredericksburg, Southside Community Hospital, Farmville, Northampton-Accomack Memorial Hospital, Nassawadox, Virginia.

APPROVED RESIDENCES AND FELLOWSHIPS

Council on Medical Education and Hospitals of the American Medical Association
535 North Dearborn Street, Chicago 10

Revised to May 1, 1948

Hospitals, 1,102; Assistant Residencies, Residencies and Fellowships, 15,172

The following educational services investigated and approved by the Council on Medical Education and Hospitals are considered in position to furnish acceptable residency training in accordance with standards adopted by the American Medical Association. In practically all fields these training programs have been reviewed in collaboration with the respective specialty boards. Included in the present list is the expanded number of residencies now available in those approved hospitals which have completed their plans to provide further opportunities for discharged medical officers. Many additional residencies recently organized or in process of development may soon be added to the approved list. All arrangements for appointments should be made directly with the hospital concerned in the usual manner.

The star (*) indicates hospitals that are also approved for the training of interns. All hospitals on the approved intern list are likewise accredited for general residencies which represent general house staff assignments following the internship.

The dagger (†) represents temporary approval, *pending formal inspection*, in accordance with the plan for the temporary approval of residencies in specialties as announced in THE JOURNAL A. M. A., March 2, 1946, p. 586.

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1. ALLERGY

The following services are approved by the Council and the American Board of Internal Medicine

Hospitals, 11; Assistant Residencies and Residencies, 47

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Veterans Administration								
†Veterans Admin. Hospital	Aspinwall, Pa.	L. H. Criep	383	45	1	7/1	1-3	$275.00
Boardwalk								
†Northwestern University Medical Center†	Chicago	S. M. Feinberg		5,000	3	7/1	1	100.00
†Research and Educational Hospitals*	Chicago	B. Z. Rappaport		11,100	12		1	
†Johns Hopkins Hospital*†	Baltimore	L. N. Gay		9,306	1	7/1	1-3	150.00
†Massachusetts General Hospital	Boston	M. Ruckemann			14	7/1	1-3	41.67
†Buffalo General Hospital*	Buffalo	H. Osgood		3,211	1		1	
Roosevelt Hospital*†	New York City	R. A. Cooke	506	37,395	4	7/1	1-2	200.00
†Montefiore Hospital*	Pittsburgh	L. H. Criep	71	1,303	1	7/1	1	50.00
†University of Virginia Hospital*†	Charlottesville, Va.	O. Bergeland, Jr.		1,017	2	7/1	1-4	25.00
†Medical College of Virginia Hospital Division*	Richmond, Va.	W. B. Porter	145	2,980	6	7/1	1-3	40.50
†Milwaukee County Hospital*†	Milwaukee	T. L. Squier		3,250	1	Varies	1-3	82.26

2. ANESTHESIOLOGY

The following services are approved by the Council and the American Board of Anesthesiology

Hospitals, 132; Assistant Residencies and Residencies, 487

Name of Hospital	Location	Chief of Service	Inpatients Treated	Total Anesthetics	Inhalation Anesthetics	Autopsy Percentage	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army										
†Fitzsimons General Hospital*	Denver	W. L. Lumpkin	14,796	3,202	805	83	5	1/1	1-3	a
United States Navy										
†U. S. Naval Hospital*	St. Albans, N. Y.	J. G. Kurfess	10,837	3,356	225	67	1	10/1	1-3	a
Veterans Administration										
†Veterans Admin. Hospital	Los Angeles	N. Rupp	10,089	5,281	780	76	10	1/1, 7/1	2-3	275.00
†Veterans Admin. Hospital	San Francisco	W. B. Neff	3,057	1,237	511	75	3	7/1	1-3	275.00
†Veterans Admin. Hospital	Van Nuys, Calif.	W. W. Greene	6,806	2,922	540	80	1	1/1, 7/1	2	275.00
†Veterans Admin. Hospital	Washington, D. C.	L. M. Jones	3,345	2,039	220	79	2	1/1	1-3	275.00
Veterans Admin. Hospital	Hines, Ill.	W. H. Cassels	20,220	6,000	3,400	48	7	Varies	1-3	275.00
†Veterans Admin. Hospital	Indianapolis	L. B. Mueller	4,680	1,370	215	62	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Des Moines, Ia.	S. Cullen	4,795	2,187	450	84	3	1/1, 7/1	2-3	275.00
†Veterans Admin. Hospital	Wadsworth, Kan.	P. H. Lorham	7,440	3,191	900	91	3		2-3	275.00
†Veterans Admin. Hospital	Louisville, Ky.	L. Gittelson	8,712	3,195	233	75	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Boston	B. Steinberg	5,253	2,564	445	76	1		1-3	275.00
†Veterans Admin. Hospital	Framingham, Mass.	R. M. Anderson	5,998	2,200	*1,000	63	1	7/1	1	275.00
†Veterans Admin. Hospital	Minneapolis	R. Knight and D. B. Wilsey	8,216	3,843	1,348	69	11	Varies	1-3	275.00
†Veterans Admin. Hospital	Jefferson Bks, Mo.	R. M. S. Barrett	7,857	3,300	308	36	3	7/1	1-3	275.00
†Veterans Admin. Hospital	Batavia, N. Y.	P. W. Beebe	2,510	1,480	225	47	2	7/1	2-3	275.00
†Veterans Admin. Hospital	New York City	A. J. Lanza	10,168	3,401	1,187	67	9	1/1, 7/1	1-2	275.00
†Veterans Admin. Hospital	Oklahoma City	H. E. Doudas	2,812	1,351	172	69	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Portland, Ore.	J. H. Hutton	7,385	2,925	326	76	1	7/1	1-3	275.00

Numerical and other references will be found on page 89

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated*	Total Anesthetics	Inhalation Anesthetics	Autopsy Percentage	Anesthetists Full-Time and Part-Time Officers	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
†Veterans Admin. Hospital	Aspinwall, Pa.	I. W. Flamberg	6,695	3,070	797	51	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Memphis, Tenn.	G. J. Pastorius	10,295	3,887	374	73	4	7/1	1-3	275.00
†Veterans Admin. Hospital	Nashville, Tenn.	B. H. Robbins	5,239	811	86	68	2	7/1	1-3	275.00
†Veterans Admin. Hospital	Dallas, Texas	E. F. Weir	3,185	1,243	352	50	2	Varies	2-3	275.00
†Veterans Admin. Hospital	McKinney, Texas	F. A. D. Alexander	4,994	1,543	449	73	1	Varies	1-3	275.00
†Veterans Admin. Hospital	Richmond, Va.	I. S. Gold	6,530	2,961	753	68	3	Varies	1-3	275.00
†Veterans Admin. Hospital	Milwaukee, Wis.	R. Foregger	6,830	1,980	486	53	4	7/1	2-3	275.00
Neurological										
†Jefferson-Hillman Hospital	Birmingham, Ala.	A. McNeal	21,928	8,515	5,912	37	1	7/1	1	50.00
†Employees Hospital of the Tennessee Coal, Iron and Railroad Company	Fairfield, Ala.	E. B. Robinson, Jr.	8,117	3,129	1,411	40	1	7/1	1-2	200.00
Los Angeles County Hospital	Los Angeles	J. B. Dillon	38,418	9,712	3,188	41	12	Varies	2	165.00
White Memorial Hospital	Los Angeles	L. Lee	8,991	5,289	1,932	60	4		1-3	147.31
†Peralta Hospital	Oakland, Calif.	F. E. Davis	8,520	7,134	2,681	33	2	Varies	1	125.00
Samuel Merritt Hospital	Oakland, Calif.	B. M. Anderson	9,336	5,114	2,532	63	2	1/1, 7/1	1-2	110.00
†Children's Hospital	San Francisco	H. Lapp	7,692	3,408	1,700	61	1	7/1	1	50.00
Franklin Hospital	San Francisco	J. L. Cardwell	7,716	5,169	3,298	50	2	7/1	1-2	100.00
Stanford University Hospitals	San Francisco	W. B. Neff	11,286	8,355	3,541	57	3	7/1	1-2	50.00
University of California Hospital	San Francisco	F. J. Murphy	8,891	4,878‡	2,609‡	67	3	Varies	1	50.00
Hartford Hospital	Hartford, Conn.	R. M. Tovell	22,855	24,569	11,788	35	22	Quarterly	1-2	50.00
†St. Francis Hospital	Hartford, Conn.	S. Martin	15,592	11,139‡		32	6	1/1, 7/1	1-3	50.00
Grace-New Haven Community Hospital										
†New Haven Unit (University Service)	New Haven, Conn.	L. J. Hampton	12,210	5,829	4,850	50	1	7/1	1	40.00
†St. Mary's Hospital	Waterbury, Conn.	W. J. Grillo	9,578	3,399	3,398	32	2	7/1	1-2	50.00
†Waterbury Hospital	Waterbury, Conn.	J. C. Wilcox, Jr.	11,020	6,374	3,748	40	2		1-2	100.00
†Memorial Hospital	Wilmington, Del.	R. Z. Allen	3,636	2,934	827	51	3		1-3	100.00
†Doctors Hospital	Washington, D. C.	C. W. Hyde	8,771	4,959	667	74	2	7/1	1-3	100.00
†Gallinger Municipal Hospital	Washington D. C.	L. H. Mousel and D. Stubbs	21,116	8,251	5,677	53	2	7/1	1-2	100.00
†George Washington University Hospital	Washington, D. C.	L. H. Mousel	3,083	1,627	860	67	4		2	
University Hospital	Augusta, Ga.	F. P. Volpitto	14,532	6,206	4,298	25	3	7/1	1-2	40.00
Michael Reese Hospital	Chicago	B. Stolsky	16,081	8,276	6,288	67	6	Varies	1-2	50.00
†Mount Sinai Hospital	Chicago	R. Wyl	8,318	4,276	3,908	47	2	7/1	1-2	50.00
†Passavant Memorial Hospital	Chicago	M. Karp	5,838	2,442	2,106	68	1		1	
Research and Educational Hospitals	Chicago	W. H. Cassels	6,591	2,562		83	6	7/1	1-3	55.00
St. Luke's Hospital	Chicago	W. A. Conroy	15,486	6,300	5,360	62	4		1-2	
University of Chicago Clinics	Chicago	H. Livingstone	12,615	9,750	6,856	79	6	Varies	1-2	50.00
Wesley Memorial Hospital	Chicago	M. Karp	13,045	7,072	4,754	66	2	1/1, 7/1	1-3½	25.00
Evanston Hospital	Evanston, Ill.	J. E. Remlinger	7,995	6,231	3,446	86	5		3	50.00
Indianapolis General Hospital	Indianapolis	L. B. Mueller	10,246	11,213	2,171	33	2	7/1	1-2	$ 70.00
Methodist Hospital	Indianapolis	J. Whitehead	24,752	19,667	12,154	32	3	7/1	1-2	200.00
†Ball Memorial Hospital	Muncie, Ind.	W. B. Adams	8,469	5,670		37	2	7/1	1-2	125.00
†Memorial Hospital	South Bend, Ind.	R. Rosenheimer	7,913			49	1	7/1	2	100.00
University Hospitals	Iowa City	S. Cullen	18,301	8,808	4,757	63	9	7/1	1	50.00
University of Kansas Hospitals	Kansas City, Kan.	P. H. Lorhan	8,463			63	2		3	65.00
Louisville General Hospital	Louisville, Ky.	M. Davis	8,053	2,424	1,148	41	2	7/1	1	45.00
Charity Hospital of Louisiana	New Orleans	J. Adriani	45,781	13,332	9,938	49	8	7/1	1-3	25.00
†Central Maine General Hospital	Lewiston, Maine	G. Chamberlain	5,721	3,646	2,388	46	2	7/1	1-2	75.00
†Beverly Hospital	Beverly, Mass.	J. H. Fine	5,312	3,389	605	87	1		1-2	75.00
†Boston City Hospital	Boston	S. C. Wiggin	36,794	13,035	4,985	34	2		1	66.67
Faulkner Hospital	Boston	E. C. Allen	3,570	2,039‡	334‡	46	2	11/1	1	75.00
Lahey Clinic	Boston	H. H. Eversole					10		1-3	
Massachusetts General Hospital	Boston	H. K. Beecher	7,304			62	7		1-3	41.67
Massachusetts Memorial Hospital	Boston	J. G. Arrowood	7,449	3,990	1,657	60	3	Varies	1	50.00
New England Hospital for Women and Children	Boston	E. Bartlett	5,027	3,684	2,456	52	1		1	50.00
†St. Elizabeth's Hospital	Boston	L. Zuccaro	14,900	5,710	3,110	51	2	6/1	1	75.00
†Cambridge City Hospital	Cambridge, Mass.	D. R. Branch	6,110	3,683	2,050	45	1	1/1	1-2	
†Mount Auburn Hospital	Cambridge, Mass.	J. H. Buskirk	6,873	5,390	2,351	41	3	7/1	2	100.00
Newton-Wellesley Hospital	Newton, Mass.	R. S. Bass	6,652	4,978	3,155	37	1		3	100.00
†Salem Hospital	Salem, Mass.	R. R. Richardson	6,077	4,078	2,707	39	1	7/1	1	50.00
City of Detroit Receiving Hospital	Detroit	I. B. Taylor	18,183	6,548	2,127	27	5	7/1	1	167.00
Providence Hospital	Detroit		13,067	6,417	3,369	52	1	7/1	1-3	140.00
†Butterworth Hospital	Grand Rapids, Mich.		10,704	6,083‡	2,083‡	43	7	7/1	1-2	100.00
University Hospitals	Minneapolis	R. Knight	9,532	4,140	2,912	82	17	7/1	1-3	100.00
Mayo Foundation	Rochester, Minn.	J. S. Lundy	(See page 89)				10		3	
†Ancker Hospital	St. Paul	R. Knight	7,029	4,660	1,118	71	1		1	
†Research Hospital	Kansas City, Mo.	C. R. McCubbin	7,628			64	1	7/1	1-3	100.00
West Jersey Hospital	Camden, N. J.	W. S. Russell	9,172	3,765	2,439	58	1	4/1	2	150.00
Jersey City Hospital	Jersey City, N. J.	W. Gleeson	21,474	6,610	2,688	38	5		1-3	35.00
Albany Hospital	Albany, N. Y.	B. Etsten	14,832	5,192	3,019	41	2		2-3	
†Beth-El Hospital	Brooklyn	J. Herstich	8,423	2,534	957	39	2	1/1, 7/1	1-2	100.00
†Beth Moses Hospital	Brooklyn		(See Maimonides Hospital)							
Brooklyn Hospital	Brooklyn	I. M. Pallin	13,314	6,502	2,909	45	6		3	120.00
Maimonides Hospital										
†Beth Moses Division	Brooklyn	J. Barshay	4,433	2,315	823	30	1	11/1	1	125.00
†Methodist Hospital	Brooklyn	H. Wyshak	8,468	6,468	3,800	40	2	7/1	2	25.00
Buffalo General Hospital	Buffalo	C. J. Durnbaugh	10,757	10,548	3,676	46	1	7/1	1	25.00
†Edward J. Meyer Memorial Hospital	Buffalo		10,583	2,515	1,115	46	1	7/1	2	100.00
Bellevue Hospital, Div. 111-N. Y. Univ.	New York City	E. A. Rovenstine	59,511	18,000‡	12,000‡	35	12	1/1, 7/1	2-3	70.00
†Beth Israel Hospital	New York City	S. G. Hershey	8,829	5,807	4,702	43	2	7/1	1	50.00
Flower and Fifth Avenue Hospitals	New York City	D. B. Brace	11,634	8,432	5,214	51	2	6/1	1	None
French Hospital	New York City	S. H. Lesinger	6,311	2,388	1,966	42	2	7/1	1	100.00
†Goldwater Memorial Hospital	New York City	E. A. Rovenstine	1,372	827	156	50	2		1	175.00
Hospital for Joint Diseases	New York City	A. M. Betcher	5,380	3,730	2,315	47	2	10/1	1-3	40.00
†Hospital for Special Surgery	New York City	C. Burstein	3,233	2,506	2,169	47	2	1/1, 5/15	1	100.00
Metropolitan Hospital	New York City	F. E. Fierro	10,724	2,616	1,856	25	5	4/1, 7/1	1-2	175.00
†MonteSore Hospital for Chronic Diseases	New York City	B. Cohen	2,836			50	1	7/1	1-2	50.00
Mount Sinai Hospital	New York City	B. H. Eisenberg	16,171	8,439	5,783	39	3	1/1, 7/1	1-3	50.00
†New York Hospital	New York City	M. Ward	20,172	13,025	10,399	66	1	7/1	1	83.33
New York Polyclinic Medical School and Hospital	New York City	S. Resnick	9,301	5,165	2,973	27	3	7/1	2	100.00
New York Post-Graduate Medical School and Hospital	New York City	R. W. Robertazzi	9,130	5,004	2,594	39	5	Varies	1-2	75.00
Presbyterian Hospital	New York City	V. Apger	29,070	17,510	9,928	68	13		1-2	41.66
St. Luke's Hospital	New York City	G. E. Burford	9,086	6,847	3,375	41	3		1-3	150.00
St. Vincent's Hospital	New York City	G. H. Van Gilluwe	13,136	4,988	3,362	60	2	7/1	1-3	50.00
†Sydenham Hospital	New York City	M. C. Fischman	5,614	2,294	1,427	32	2	7/1	1	75.00
†Rochester General Hospital	Rochester, N. Y.	R. L. Sabler	12,223	5,980	2,774	75	2	7/1	1-2	70.00
Grasslands Hospital	Valhalla, N. Y.	H. F. Bishop	4,470	1,145	701	58	1	7/1	1-3	75.00
†Duke Hospital	Durham, N. C.	R. Martin	13,571	9,889	6,958	59	4	7/1	2-3	
†Christ Hospital	Cincinnati	L. E. Larrick	10,704	6,451	2,030	36	1	7/1	1	75.00

Numerical and other references will be found on page 89.

2. ANESTHESIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Total Anesthesias	Inhalation Anesthesias	Autopsy Percentage	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning (Month)
Cincinnati General Hospital	Cincinnati	M. A. Costello	14,737	5,330	1,932	47	1	7/1	1-5	$100.00
Cleveland Clinic Foundation Hospital	Cleveland	D. E. Hale	8,334	9,734	1,587	48	1	7/1	1-4	100.00
†Mount Sinai Hospital	Cleveland	S. Katz	9,726	7,202	3,454	45	1	7/1	1	100.00
St. Luke's Hospital	Cleveland	B. B. Sankey	12,713	10,088	8,618	49	2	6/25	2	75.00
Starling-Loving University Hospital	Columbus, Ohio	J. J. Jacoby	8,360	5,893	2,408	69	3	7/1	1-3	50.00
Huron Road Hospital	East Cleveland, Ohio	R. J. Whitacre	10,655	9,245	5,467	39	4	.....	2	100.00
†Lakewood Hospital	Lakewood, Ohio	S. Gardner	5,411	4,002	2,614	48	1	7/1	1	100.00
†Mansfield General Hospital	Mansfield, Ohio	C. R. Damron	7,032	3,124	2,023	19	2	1/1, 7/1	1-2	100.00
University Hospitals	Oklahoma City	H. E. Doudna	5,914	3,210	2,630	43	2	7/1	1	35.00
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.	J. H. Hutton	6,437	9,567	2,616	63	4	7/1	1-3	75.00
†Abington Memorial Hospital	Abington, Pa.	R. Maio	7,997	5,875	3,621	53	1	7/1	2	50.00
†Harrisburg Hospital	Harrisburg, Pa.	E. F. Toth	9,916	8,394	5,589	35	2	7/1	1-3	100.00
†Conemaugh Valley Memorial Hospital	Johnstown, Pa.	C. B. Cohern	11,549	7,106	.....	11	1	10/1	1	150.00
Hahnemann Hospital	Philadelphia	H. S. Ruth	11,910	.....	.....	61	5	7/1	1	50.00
Hosp. of the University of Pennsylvania	Philadelphia	R. D. Dripps	17,749	13,119	4,950	79	13	7/1	2-3	100.00
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia	W. A. Weiss	4,885	2,885	1,914	40	2	7/1	2-3	50.00
†Lankenau Hospital	Philadelphia	F. J. Audin	6,162	8,195	5,361	53	1	7/1	1-3	100.00
†Mount Sinai Hospital	Philadelphia	A. T. Rose	6,209	4,328	2,342	72	3	7/1	1-2	100.00
†Philadelphia General Hospital	Philadelphia	J. E. Rubes	22,553	4,121	1,511	58	2	.....	1-3	70.00
Presbyterian Hospital	Philadelphia	F. Haggen	7,116	3,978‡	2,944‡	57	2	.....	1	50.00
Temple University Hospital	Philadelphia	C. B. Hickox	13,664	12,488	3,987	49	2	7/1	3	50.00
†Women's Homoeopathic Hospital	Philadelphia	E. P. Van Tine	4,105	1,916	761	39	1	7/1	1	150.00
†Allegheny General Hospital	Pittsburgh	R. L. Patterson	11,560	8,564	3,112	23	1	9/1	2	100.00
†St. Francis Hospital	Pittsburgh	G. J. Thomas	14,840	9,109	1,776	71	2	9/1	1-3	50.00
Reading Hospital	Reading, Pa.	P. D. Woodbridge	9,125	6,806	4,170	57	4	.....	1	100.00
†Christian H. Buhl Hospital	Sharon, Pa.	M. E. Cushnie	7,582	4,111	3,636	31	2	7/1	1-2	250.00
Rhode Island Hospital	Providence, R. I.	M. Saklad	13,702	6,653‡	3,496‡	81	2	.....	1-2	50.00
†Baroness Erlanger Hospital	Chattanooga, Tenn.	H. M. Ausherman	13,326	6,264	3,048	28	1	7/1	2	150.00
†John Gaston Hospital	Memphis, Tenn.	J. L. McGehee	17,612	6,431	3,889	63	2	4/1, 7/1	1-2	30.00
†Vanderbilt University Hospital	Nashville, Tenn.	B. H. Robbins	9,296	5,500	3,400	59	2	7/1	1	.....
†Baylor University Hospital	Dallas, Texas	E. F. Weir	16,450	14,604	10,279	30	1	7/1	2	50.00
John Sealy Hospital (Univ. of Texas Medical Branch)	Galveston, Texas	H. C. Slocum	9,110	4,735	.....	53	7	.....	1-3	50.00
†Hermann Hospital	Houston, Texas	L. F. Schuhmacher	9,589	5,156	1,105	85	3	.....	1-3	50.00
†Dr. W. H. Groves Latter-Day Saints Hospital	Salt Lake City	S. M. Smith	14,054	10,751	7,931	34	2	Varies	2-3	100.00
†Bishop DeGoesbriand Hospital	Burlington, Vt.	J. Ahajian	3,711	1,392	600	40	1	.....	1	.....
Mary Fletcher Hospital	Burlington, Vt.	J. Ahajian	5,903	2,356	839	58	2	7/1	1	100.00
†King County Hospital	Seattle, Wash.	J. H. Mathwig	12,015	2,850	1,138	47	2	7/1	2-3	125.00
State of Wisconsin General Hospital	Madison, Wis.	R. M. Waters	12,498	5,206	3,541	84	7	7/1	3	25.00
Columbia Hospital	Milwaukee	G. Shortz	4,821	4,369	3,810	59	2	Varies	2-3	50.00
†Mt. Sinai Hospital	Milwaukee	W. S. Phillips	7,797	5,125	4,429	41	1	Varies	2	.....

3. CARDIOVASCULAR DISEASE

The following services are approved by the Council and the American Board of Internal Medicine
Hospitals, 17; Assistant Residencies and Residencies, 55

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning (Month)
United States Army										
†Walter Reed General Hospital	Washington, D. C.	J. S. Taylor	381	2,197	26	21	2	1/1	1	x
Veterans Administration										
†Veterans Admin. Hospital	Hines, Ill.	L. A. Baker	1,284	.....	185	71	2	1/1	1-2	$275.00
Nonfederal										
†LaRabida Jackson Park Sanitarium	Chicago	J. W. Hofer	138	.....	..	1	1/1, 7/1	1-3	50.00
†Michael Reese Hospital	Chicago	L. N. Katz	.....	2,979	.....	9	Varies	1-3	50.00
Indiana University Medical Center	Indianapolis	G. S. Bond	.....	234	..	1	7/1	2-3	33.33
House of the Good Samaritan	Boston	H. B. Sprague	173	.....	2	3	7/1	1-3	50.00
Massachusetts General Hospital	Boston	P. D. White	.....	(Included in Internal Med.)						
Henry Ford Hospital	Detroit	F. J. Smith	856	12,450	100	55	6	1/1, 7/1	1-3	200.00
Irvington House	Irvington, N. Y.	A. G. Kuttner	152	.....	..	1	7/1	1	200.00
Mount Sinai Hospital	New York City	A. M. Master	.....	.....	..	7	1/1	1-2	50.00
St. Francis Sanatorium for Cardiac Children	Roslyn, L.I., N. Y.	M. Turan	294	.....	2	1	2	1/1, 7/1	1-3	150.00
†Duke Hospital	Durham, N. C.	E. S. Orgain	.....	(Included in Internal Med.)			14	7/1	1+	40.00
Hospital of the Woman's Medical College of Pennsylvania	Philadelphia	W. G. Leaman	.....	(Included in Internal Med.)			1	7/1	1	100.00
Pennsylvania Hospital	Philadelphia	J. R. VanderVeer	.....	2,712	.....		2	7/1	1-3	20.00
†Philadelphia General Hospital	Philadelphia	T. M. McMillan	.....	(Included in Internal Med.)			1	.....	1	70.00
St. Francis Hospital	Pittsburgh	A. P. D'Zmura	409	47	74	4	1	7/1	1	110.00
Rhode Island Hospital	Providence, R. I.	F. B. Cutts	.....	(Included in Internal Med.)			1	7/1	1	50.00

4. CONTAGIOUS DISEASES

Hospitals, 19; Assistant Residencies and Residencies, 74

Name of Hospital	Location	Chief of Service	Inpatients Treated	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning (Month)
United States Navy									
U. S. Naval Hospital	Great Lakes, Ill.	H. H. Carroll	764	3	3	1	.....	1	x
Nonfederal									
Los Angeles County Hospital	Los Angeles	A. G. Bower	4,344	225	138	3	Varies	1	.....
Children's Hospital	San Francisco	E. B. Shaw	380	12	7	1	7/1	1	$ 50.00
J. M. McCook Memorial Hospitals	Hartford, Conn.	C. L. Thenebe	764	10	7	1	.....	1	100.00
Cook County Hospital	Chicago	H. Leschengier	1,567	69	.....	1	1/1, 7/1	1	27.50
Municipal Contagious Disease Hospital	Chicago	A. L. Hoyne	2,274	116	75	12	.....	1-3	133.50
Bydenham Hospital	Indianapolis	H. L. Hodes	1,103	86	37	3	.....	1	40.00
Boston City Hospital	Boston	E. H. Place	1,303	7	4	2	.....	1	66.67

Numerical and other references will be found on page 89

4. CONTAGIOUS DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
Massachusetts Memorial Hospitals	Boston	L. Weinstein	1,384	32	20	4	1/1, 7/1	1	50.00
Belmont Hospital	Worcester, Mass.	H. J. Hartnett	649	11	1	2	.....	1	155.00
Herman Kiefer Hospital	Detroit	D. C. Young	1,662	115	71	3	7/1	1	330.00
Kansas City General Hospital No. 1	Kansas City, Mo.	C. R. Ferris	423	26	32	1	7/1	1	50.00
St. Louis City Hospital	St. Louis		740	32	28	3	7/1	1	95.00
Essex County Hosp. for Contagious Dis.	Belleville, N. J.	E. L. Smith	2,581	25	11	7	1/1, 7/1	1	125.00
Kingston Avenue Hospital	Brooklyn	T. Givan	3,012	40		6	1/1, 7/1	1	120.00
Queens General Hospital	Jamaica, N. Y.	H. A. Reisman	444	7	5	2	7/1	2	70.00
Willard Parker Hospital	New York City	J. F. Landon	5,864	40	29	16	Varies	1	130.00
City Hospital	Cleveland	J. A. Toomey	1,983	72	35	4	7/1	1-4	60.00
Philadelphia Hosp. for Contagious Dis.	Philadelphia	A. C. LaBoccetta	3,671	61	36	4	.....	1	178.00

5. DERMATOLOGY AND SYPHILOLOGY

The following services are approved by the Council and the American Board of Dermatology and Syphilology
(See footnotes 1, 2 and 3 for number of years credit)
Hospitals, 75; Assistant Residencies and Residencies, 219

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
United States Army										
Walter Reed General Hospital	Washington, D. C.	L. S. Leland	456	3,600	..	..	2	1/1	1-3	a
Brooke General Hospital	San Antonio, Tex.	M. P. Mousund	1,093	12,985	2	2	4	1/1	1	a
United States Navy										
U. S. Naval Hospital	St. Albans, N. Y.	C. D. Bell	480	.....	..	..	4	10/1	1-3	a
U. S. Naval Hospital	Philadelphia	R. L. Gilman	526	7,547	2	1	2	Varies	1	a
United States Public Health Service										
U. S. Marine Hospital	Stapleton, S. I., N. Y.	J. A. Trautman	2,437	14,869	1	..	4	7/1	1-3	a
Veterans Administration										
Veterans Administration Center	Los Angeles, Calif.		551	6,105	12	12	1	1/1	2	$275.00
Veterans Admin. Hospital	Van Nuys, Calif.	G. W. Leiby	236	825	1	1	2	1/1, 7/1	1-3	275.00
Veterans Admin. Hospital	Hines, Ill.	E. A. Oliver	911	.....	8	3	3	Varies	2-3	275.00
Veterans Admin. Hospital	New Orleans, La.	C. B. Kennedy	197	944	..	..	2	7/1	1-3	275.00
Veterans Admin. Hospital	Fort Howard, Md.	M. Sullivan	(Included in Medicine)				3	7/1	1-2	275.00
Veterans Admin. Hospital	Minneapolis	H. E. Michelson and J. R. Haserick	392	.....	1	..	3	.....	3	275.00
Veterans Admin. Hospital	New York City	B. Straus	417	4,806	4	3	3	1/1, 7/1	1-2	275.00
Veterans Admin. Hospital	Aspinwall, Pa.	S. Crawford	256	.....	10	6	1	7/1	1	275.00
Nonfederal										
Jefferson-Hillman Hospital	Birmingham, Ala.	R. O. Noojin	216	8,753	9	9	2	7/1	1-2+	50.00
Los Angeles County Hospital	Los Angeles	T. W. Nesbit	774	13,940	14	6	3	Varies	3	165.00
White Memorial Hospital	Los Angeles	S. Ayres, Jr.		8,477	..	..	1	Varies	1-2	175.00
Stanford University Hospitals	San Francisco	O. E. L. Schmidt	22	14,417	1	..	1	7/1	1-2	50.00
University of California Hospital	San Francisco		29	7,601	..	..	3	Varies	1	50.00
University of Colorado Medical Center										
Colorado General Hospital	Denver	O. S. Philpott	36	4,012	1	1	1	1/1, 7/1	1	75.00
Georgetown University Hospital	Washington, D. C.	F. Eichenlaub	45	1,475	..	..	2	.....	1-3	.....
Alto Medical Center	Alto, Ga.	L. S. Saler	13,706	.....	1	..	1	.....	1	.....
Chicago Intensive Treatment Center	Chicago	H. N. Bundesen	5,798	.....	..	..	2	Varies	1	.....
Cook County Hospital	Chicago	T. Cornbleet	963	10,639	36	..	3	1/1, 7/1	1-3	27.50
Michael Reese Hospital	Chicago	H. Ratner	21	5,641	..	..	1	7/1	1	25.00
Northwestern Univ. Medical Center	Chicago	E. A. Oliver	.....	.....	..	..	1	.....	1-3	.....
Research and Educational Hospitals	Chicago	F. E. Senear	14	10,623	2	..	1	7/1	1-3	55.00
University of Chicago Clinics	Chicago	S. Rothman	109	5,221	3	1	1	7/1	1-3	25.00
Indianapolis General Hospital	Indianapolis	J. R. Brayton	157	8,457	..	..	3	7/1	1-3	70.00
University Hospitals	Iowa City	R. Nomland	315	3,457	7	4	2	7/1	1	50.00
University of Kansas Hospitals	Kansas City, Kans.	C. C. Dennie	170	1,702	..	..	2	.....	1	.....
Louisville General Hospital	Louisville, Ky.			2,042	..	..	1	7/1	1	45.00
Charity Hospital of Louisiana	New Orleans		339	44,274	6	2	5	7/1	1-3	25.00
Johns Hopkins Hospital	Baltimore	J. E. Moore		8,495	..	..	3	7/1	1+	.....
University Hospital	Baltimore	H. M. Robinson, Sr.		16,158	..	..	1	7/1	1-2	75.00
Boston City Hospital	Boston	J. G. Downing	56	17,411	4	1	2	.....	1-2	66.67
Massachusetts General Hospital	Boston	G. Lane	287	15,719	..	..	5	7/1	1-3	41.66
Massachusetts Memorial Hospitals	Boston	J. G. Downing and W. L. Fleming		97,308			1	9/1	1	50.00
University Hospital	Ann Arbor, Mich.	A. C. Curtis	723	10,214	14	7	7	7/1	1-3	111.40
City of Detroit Receiving Hospital	Detroit	W. Shaffer	499	4,500			6	.....	1-3	167.00
Minneapolis General Hospital	Minneapolis	S. E. Sweitzer	298	8,370	3	2	2	1/1, 7/1	1-3	115.00
University Hospitals	Minneapolis	H. E. Michelson	109	881	..	..	2	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn.	P. A. O'Leary	(See Page 89)		..	..	10	.....	1-3	.....
Ancker Hospital	St. Paul	H. N. Klein	313	4,012	2	1	..	.....	1-3	.....
Barnard Free Skin and Cancer Hospital	St. Louis	R. S. Weiss	50	11,025	1	1	2	7/1	1-2	200.00
Barnes Hospital	St. Louis	R. S. Weiss	229	27,233	2	2	4	7/1	1-2	25.00
St. Mary's Group of Hospitals	St. Louis	G. V. Stuyker	151	13,182	1	1	2	Varies	3	35.00
Kings County Hospital	Brooklyn	J. J. Frank	1,184	15,279	18	4	2	7/1	1-2	50.00
Buffalo General Hospital	Buffalo	E. D. Osborne	64	3,563	..	..	2	7/1	1-3	25.00
Edward J. Meyer Memorial Hospital	Buffalo	E. D. Osborne	484	11,591	2	1	3	7/1	3	100.00
Bellevue Hospital, Div. III—N. Y. Univ.	New York City	F. C. Combes	5,302	47,896	..	..	10	Varies	3	70.00
Columbia-Presbyterian Medical Center	New York City	A. B. Cannon	15	43,062	1	..	2	.....	3	73.00
Hospital for Joint Diseases	New York City	P. Gross	8	4,161	..	..	1	9/1	1	40.00
Mount Sinai Hospital	New York City	S. Peck	101	19,475	..	..	1	7/1	1	50.00
New York City Hospital	New York City	J. J. Eller	635	8,222	6	2	2	7/1	1	120.00
New York Hospital	New York City	D. P. Barr and G. M. Lewis	.....	24,048	..	..	2	.....	1	.....
New York Polyclinic Medical School and Hospital	New York City	A. H. Montgomery	20	8,361	2	1	1	.....	1	.....
New York Post-Graduate Medical School and Hospital	New York City	M. B. Sulzberger	158	112,733	2	1	3	Varies	1-2	.....
Roosevelt Hospital	New York City	G. C. Andrews	.....	8,912	..	..	1	7/1	1	103.33
St. Luke's Hospital	New York City	L. P. Barker	.....	13,195	..	..	1	1/1	1-2	50.00
Duke Hospital	Durham, N. C.	J. L. Callaway	226	2,753	1	4	2	7/1	1	83.33
Cincinnati General Hospital	Cincinnati	L. Goldman	402	5,143	6	5	4	7/1	1-2	.....

Numerical and other references will be found on page 89

5. DERMATOLOGY AND SYPHILOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (Year)	Length of Service Offered (Years)	Beginning Stipend (Month)
City Hospital a[3] [4]	Cleveland	H. N. Cole	807	13,192	1	1	4	7/1	1	$ 60.00
Cleveland Clinic Foundation Hospital[3] [4]	Cleveland	E. W. Netherton	149	18,188	6	..	3	7/1	1-2	100.00
University Hospitals a[3] [4]	Cleveland	H. N. Cole	328	13,540	5	..	2	7/1	1+	25.00
University of Oregon Medical School Hospitals and Clinics a[3] [4]	Portland, Ore.	L. B. Kingery	64	5,010	..	..	2	7/1	2	75.00
Graduate Hospital of the Univ. of Pennsylvania a[2]	Philadelphia	D. M. Pillsbury	65	6,729	..	..	2	7/1	1-2	.....
Hospital of the Univ. of Pennsylvania a[3] [4]	Philadelphia	D. M. Pillsbury	600	23,301	1	..	14	7/1	1-3	.....
Jefferson Medical College Hospital a[2]	Philadelphia	F. C. Knowles	.....	4,818	..	..	1	.....	1	.....
†Pennsylvania Hospital a[3]	Philadelphia	H. Beerman	.....	9,925	..	..	1	.....	1	.....
Skin and Cancer Hospital[3] [4]	Philadelphia	D. M. Pillsbury and C. S. Wright	245	52,384	..	..	4	7/1	1-2	30.00
University of Pittsburgh Med. Center a[3] [4]	Pittsburgh	W. H. Guy	.....	.....	..	..	1	.....	1-3	33.00
†Parkland Hospital a[3] [4]	Dallas, Texas	B. Sholmire	.....	63,424	..	..	6	Varies	1-2+	80.00
John Sealy Hospital (Univ. of Texas Medical Branch) a[3] [4]	Galveston, Texas	C. N. Frazier	173	8,732	1	..	7	.....	1-3	50.00
University of Virginia Hospital a[3] [4]	Charlottesville, Va.	D. C. Smith	264	12,606	3	2	11	7/1	3-4	31.00
†State of Wisconsin General Hospital a[3] [4]	Madison, Wis.	S. A. M. Johnson	300	1,942	6	3	1	7/1	3	23.00

6. GASTROENTEROLOGY

The following services are approved by the Council and the American Board of Internal Medicine
Hospitals, 2; Assistant Residencies and Residencies, 3

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
†Michael Reese Hospital a	Chicago	H. Necheles	.....	1,746	...	...	2	7/1	1	$ 25.00
†Lenox Hill Hospital a	New York City	H. Ralsky	178	.....	9	4	1	Varies	1-2	50.00

7. GENERAL RESIDENCY

A general residency (also called a "mixed residency") is a general hospital assignment of one or more years after the internship. It usually does not carry credit toward certification by the American Boards in the specialties, but is designed rather to provide additional general training. All approved internship hospitals are also approved for general residencies.

Hospitals, 90; Assistant Residencies and Residencies, 269

Name of Hospital	Location	Chief of Service	Inpatients Treated	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Baptist Hospitals	Birmingham, Ala.	H. E. Simon	8,545	169	43	5	7/1	1	$150.00
St. Vincent's Hospital	Birmingham, Ala.	J. L. Carmichael	5,460	106	36	3	4/1	1	200.00
St. Margaret's Hospital	Montgomery, Ala.	J. H. Bloe	8,431	210	47	3	7/1	1	.....
Pima County General Hospital	Tucson, Ariz.	H. E. Thompson	3,320	183	42	1	1/1, 7/1	1	200.00
St. Mary's Hospital and Sanatorium	Tucson, Ariz.	F. D. Francis	6,460	187	89	2	7/1	1	175.00
Tucson Medical Center	Tucson, Ariz.	W. P. Holbrook	3,991	107	55	1	7/1	1	200.00
Leo N. Levi Memorial Hospital	Hot Springs, Ark.	D. C. Lee	1,298	63	10	2	6/1	1-2	250.00
Kern General Hospital	Bakersfield, Calif.		10,469	507	203	25	.....	1	.....
Paradise Valley Sanitarium and Hospital	National City, Calif.	H. A. Hall	3,911	111	31	2	.....	1	.....
Monterey County Hospital	Salinas, Calif.	J. C. Sharp	2,715	126	88	4	7/1	1-2	220.00
St. Helena Sanitarium and Hospital	Sanitarium, Calif.	G. K. Abbott	4,286	55	19	2	.....	1	45.00
Community Hosp. of San Mateo County	San Mateo, Calif.	W. H. Murphy	2,602			7	7/1	1	200.00
Sonoma County Hospital	Santa Rosa, Calif.	H. M. Every	3,383	272	104	6	7/1	1	250.00
Boulder-Colorado Sanitarium and Hospital	Boulder, Colo.	R. T. Smith	2,481	53	9	1	.....	1	.....
Memorial Hospital	Colorado Spgs., Colo.	H. M. Powell	3,778	114	12	2	7/1	1	210.00
St. Francis Hospital and Sanatorium	Colorado Spgs., Colo.	J. J. Mahoney	3,255	111	30	2	2/1	1	150.00
St. Mary Hospital	Pueblo, Colo.	J. Wolf	3,924	137	14	2	.....	1	.....
Bristol Hospital	Bristol, Conn.	R. A. Richardson	5,116	130	37	2	2/1	1	150.00
Greenwich Hospital	Greenwich, Conn.	J. A. McCreery	4,018	93	50	4	7/1	1	200.00
Eastern Dispensary and Casualty Hospital	Washington, D. C.	J. R. Young	32,575	99	12	5	7/1	1	200.00
Riverside Hospital	Jacksonville, Fla.	T. Z. Cason	1,817	37	10	1	.....	1	.....
Alton Memorial Hospital	Alton, Ill.	E. R. Quinn	5,923	90	39	4	Varies	1	150.00
St. Joseph's Hospital	Alton, Ill.	W. S. McGinnis	6,162	241	80	3	.....	1	150.00
St. Francis Hospital	Blue Island, Ill.	F. J. Vincenti	4,685	145	44	3	7/1	1	125.00
St. James Hospital	Chicago Heights, Ill.	W. U. Miller	4,625	130	34	2	9/1	1	150.00
St. Anthony's Hospital	Rock Island, Ill.	J. P. Burgess	4,877	236	36	2	.....	1	.....
Victory Memorial Hospital	Waukegan, Ill.	J. E. Freeland	4,485	116	61	1	.....	1	.....
St. Francis Hospital	Beech Grove, Ind.	O. H. Balsemeier	6,311	142	49	3	7/1	1	300.00
Clinic Hospital	Bluffton, Ind.	T. E. Caylor	2,033	73	38	3	.....	1-3	100.00
Lafayette Home Hospital	Lafayette, Ind.	C. H. Ade	4,870	90	36	3	.....	1	.....
St. Luke's Methodist Hospital	Cedar Rapids, Iowa	R. M. Wray	7,371	245	40	2	4/1, 7/1	1	.....
Jewish Hospital	Louisville, Ky.	J. Frehling	3,304	139	27	4	.....	1	.....
E. A. Conway Memorial Hospital	Monroe, La.	J. Q. Graves	4,794	226	27	4	1/1, 7/1	1	275.00
Long Island Hospital	Boston	R. H. Morris	678	98	19	11	Varies	1	241.67
St. Anne's Hospital	Fall River, Mass.	E. E. Hussey	3,684	78	27	2	.....	1	.....
Framingham Union Hospital	Framingham, Mass.	T. J. Carnicelli	3,961	96	37	2	4/1	1	.....
Malden Hospital	Malden, Mass.		6,327	229	127	3	.....	1	.....
Cooley Dickinson Hospital	Northampton, Mass.	L. N. Durgin	5,357	205	80	3	.....	1	.....
Tewksbury State Hospital and Infirmary	Tewksbury, Mass.	C. W. Houghton	1,335	354	71	4	.....	1	.....
Parkside Hospital	Detroit	J. A. Graham	1,345	63	2	3	7/1	1	.....
Saratoga General Hospital	Detroit	E. A. Hammer	4,767	90	14	2	6/1	1	200.00
Cottage Hospital	Grosse Pointe, Mich.	W. G. Bernard	2,437	53	10	1	7/1	1	300.00
Mercy Hospital	Muskegon, Mich.	W. LeFevre	4,417	108	30	3	Varies	1	.....
St. Joseph Mercy Hospital	Pontiac, Mich.	B. J. Cooper	9,527	303	111	6	.....	1	.....
Wyandotte General Hospital	Wyandotte, Mich.	F. P. Mailhouer	7,238	186	72	3	Varies	1	200.00
Hibbing General Hospital	Hibbing, Minn.	T. A. Estreen	4,540	126 * 105	1	2	7/1	1	200.00
Eitel Hospital	Minneapolis	F. R. Hirshfield	4,431	133	39	2	1/1	1 +	100.00
Fairview Hospital	Minneapolis	H. D. Good	7,508	212	58	3	1/1	1	200.00

Numerical and other references will be found on page 89.

7. GENERAL RESIDENCY—Continued

Name of Hospital	Location	Chief of Service	Intensive Trainees[1]	Deaths	Autopsies	Asst., Res., and Residencies Offered[2]	Beginning of Service (1940)	Length of Service Offered (Years)	Beginning Salary Offered (Annual)
Lutheran Deaconess Home and Hospital	Minneapolis	I. Sivertsen	5,825	141	46	1	1/1	1	175.00
Midway Hospital	St. Paul	G. Earl	5,389	119	50	2	1/1, 7/1	1	.....
Northern Pacific Beneficial Assn. Hospital	St. Paul	B. I. Dorsal	3,492	116	14	2	7/1	1-2	300.00
Alexian Brothers Hospital	St. Louis	T. Wayland	2,739	171	45	2	7/1	1	200.00
Missouri Pacific Hospital	St. Louis	O. B. Zeinert	6,944	175	63	4	.....	1	.....
Douglas County Hospital	Omaha	T. P. Boler	2,391	225	11	1	.....	1	.....
Elliot Hospital[1]	Manchester, N. H.	G. F. Dwinell	3,852	92	49	2	.....	1	75.00
Sacred Heart Hospital	Manchester, N. H.	J. J. Powers	6,195	184	29	1	7/1	1	150.00
Irvington General Hospital	Irvington, N. J.	M. F. Baker	3,654	195	59	3	Varies	1	225.00
Jewish Sanitarium and Hospital for Chronic Diseases[1]	Brooklyn	A. M. Rabiner	895	113	25	7	.....	1	150.00
St. Joseph Hospital	Far Rockaway, N. Y.	F. H. Herrman	3,513	127	4	2	.....	1	.....
Cornell University Infirmary	Ithaca, N. Y.	N. S. Moore	1,800	0	0	4	.....	1	.....
Kingston Hospital[1]	Kingston, N. Y.	D. S. Meyers	3,710	187	51	2	10/1	1	150.00
Beekman-Downtown Hospital	New York City	R. H. Kennedy	1,880	128	26	6	4/1, 10/1	1	100.00
Richmond Memorial Hospital[1]	Staten Island, N. Y.	J. Klauber	3,186	115	21	4	.....	1	.....
Wyoming County Community Hospital[1]	Warsaw, N. Y.	H. S. Martin	2,803	133	32	3	7/1	1	75.00
Mercy Hospital	Charlotte, N. C.	O. D. Baxter	6,218	147	30	1	.....	1	.....
Highsmith Hospital[1]	Fayetteville, N. C.	W. T. Rainey	5,849	171	4	2	7/1	1	.....
Park View Hospital	Rocky Mount, N. C.	E. S. Boice	3,697	133	9	2	1/1	1	100.00
Grace Hospital	Cleveland	A. E. Biddinger	2,464	31	12	2	.....	1	200.00
Woman's Hospital[1]	Cleveland	I. H. Einsel	4,147	94	27	2	7/1	1	.....
Fort Hamilton Hospital[1]	Hamilton, Ohio	C. Keller	2,908	94	35	2	Varies	1	.....
Mansfield General Hospital	Mansfield, Ohio	J. M. Brown	7,032	215	40	2	6/1	1	.....
Doctors Hospital[1]	Philadelphia	E. C. Murphy	2,145	103	44	2	.....	1	125.00
Madison Rural Sanitarium and Hospital[1]	Madison Coll., Tenn.	J. C. Gant	3,766	75	8	3	7/1	1	150.00
Medical Arts Hospital	Dallas, Texas	D. Brannin	5,119	82	23	1	.....	1	100.00
All Saints Hospital[1]	Fort Worth, Texas	H. J. Shelley	5,435	151	53	3	7/1	1	250.00
St. Mary's Infirmary	Galveston, Texas	E. H. Khatt	4,800	161	29	2	.....	1	.....
Kings Daughters Hospital	Portsmouth, Va.	J. A. Abbitt	5,574	230	59	1	.....	1	.....
Maryview Hospital	Portsmouth, Va.	R. M. Cox	3,729	126	19	2	.....	1	.....
Grace Hospital	Richmond, Va.	L. A. Herring, Sr.	4,723	62	14	2	6/1	1	.....
Retreat for the Sick[1]	Richmond, Va.	H. Warthen	4,670	104	52	2	7/1	1	100.00
St. Elizabeth's Hospital[1]	Richmond, Va.	G. W. Horsley	1,964	29	20	2	7/1	1-2	100.00
St. Luke's Hospital[1]	Richmond, Va.	R. Massie	3,655	59	19	1	7/1	1	.....
Sheltering Arms Hospital[1]	Richmond, Va.	W. R. Hill	1,642	39	20	2	4/1	1	100.00
Maynard Hospital	Seattle	W. Glasgow	4,578	97	40	2	4/1	1	200.00
St. Joseph Hospital	Vancouver, Wash.	G. Johnson	5,809	98	44	2	7/1	1	100.00
McMillan Hospital	Charleston, W. Va.	W. O. McMillan	4,855	37	13	3	4/1	1	200.00
St. Francis Hospital[1]	Charleston, W. Va.	A. B. Brady, Jr.	4,384	124	36	4	.....	1	200.00
St. Mary's Hospital[1]	Clarksburg, W. Va.	D. H. Lough	6,521	99	8	3	1/1	1	150.00
Fairmont General Hospital	Fairmont, W. Va.	G. V. Morgan	5,603	88	22	4	1/1	1	.....
St. Mary's Hospital[1]	Superior, Wis.	C. W. Green	3,388	230	49	1	.....	1	.....

8. INTERNAL MEDICINE

The following services are approved by the Council and the American Board of Internal Medicine
Hospitals, 458; Assistant Residencies and Residencies, 2,880

Name of Hospital	Location	Chief of Service	Intensive Trainees[1]	Outpatient Visits	Deaths	Autopsies	Asst., Res., and Residencies Offered[2]	Beginning of Service (1940)	Length of Service Offered (Years)	Beginning Salary (Annual)
United States Army										
Letterman General Hospital[3]	San Francisco	M. M. Green	2,220	740	37	36	9	1/1	1-3	n
Fitzsimons General Hospital[3]	Denver	R. P. Johnson	4,034	1,875	51	38	12	1/1	1-3	n
Walter Reed General Hospital[3]	Washington, D. C.	J. S. Taylor	1,756	14,001	40	36	12	1/1	1-3	n
Oliver General Hospital[3]	Augusta, Ga.	C. L. Leedham	3,183	9,717	5	4	9	1/1	1-3	n
Percy Jones General Hospital[3]	Battle Creek, Mich.	F. K. Ostrander	5,152	16,280	29	24	9	1/1, 7/1	1	n
Brooke General Hospital[3]	San Antonio, Tex.	J. G. Knauer	6,654	723	72	56	12	1/1	1-3	n
Madigan General Hospital[3]	Fort Lewis, Wash.	A. H. Robinson	10,252	2,127	56	49	10	1/1	1-3	n
Gorgas Hospital[3]	Ancon, C.Z.	J. V. Brown	2,902	12,908	34	29	6	1/1	1-3	n
United States Navy										
U. S. Naval Hospital[3]	Long Beach, Calif.	C. L. Andrews	6,122	17,591	204	181	4	Varies	2	n
U. S. Naval Hospital[3]	Oakland, Calif.	.....	5,226	.....	160	142	3	.....	1	n
U. S. Naval Hospital[3]	San Diego, Calif.	I. L. Norman	3,072	10,004	62	46	3	Varies	1	n
U. S. Naval Hospital[3]	Great Lakes, Ill.	H. H. Carroll	1,643	4,134	10	9	2	Varies	1	n
U. S. Naval Hospital[3]	Bethesda, Md.	H. V. Packard	4,853	5,868	148	121	8	Varies	1-3	n
†U. S. Naval Hospital[3]	Chelsea, Mass.	J. H. L. Heintzelman	.....	.....	.....	.....	1	Varies	1	n
†U. S. Naval Hospital[3]	St. Albans, N. Y.	H. L. Weaver	1,116	.....	112	90	4	10/1	1-3	n
U. S. Naval Hospital[3]	Philadelphia	W. H. Schwartz	6,139	9,037	306	182	4	Varies	1	n
United States Public Health Service										
U. S. Marine Hospital[3]	San Francisco	R. K. Maddock	.....	65,456	101	59	7	7/1	1-3	n
U. S. Marine Hospital[3,4]	Baltimore	L. L. Terry	2,621	4,692	63	48	8	7/1	1-3	n
U. S. Marine Hospital[3,4]	Stapleton, S.I., N. Y.	R. H. Smith	2,225	12,337	78	39	9	7/1	1-3	n
†U. S. Marine Hospital[3]	Seattle, Wash.	G. A. Abbott	2,622	9,614	109	80	5	7/1	1-3	n
Veterans Administration										
†Veterans Admin. Hospital	Los Angeles	R. O. Egeberg	3,729	132,728	343	236	25	7/1	1-3	$275.00
†Veterans Admin. Hospital	Oakland, Calif.	E. R. Movitt	2,403	8,478	150	112	8	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	San Francisco	G. E. Hein	937	4,702	76	64	20	7/1	1-3	275.00
†Veterans Admin. Hospital	Van Nuys, Calif.	F. W. Modern	876	582	11	10	28	1/1, 7/1	2-3	275.00
†Veterans Admin. Hospital	Fort Logan, Colo.	T. P. Sears	1,150	.....	.....	.....	11	Varies	1-3	275.00
†Veterans Admin. Hospital	Newington, Conn.	P. Kunkel	1,990	.....	81	58	15	7/1	1-3	275.00
†Veterans Admin. Hospital	Washington, D. C.	T. McP. Brown	647	383	25	21	10	7/1	1-3	275.00
†Veterans Admin. Hospital	Augusta, Ga.	V. P. Sydenstricker	.....	.....	.....	.....	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Chamblee, Ga.	M. Michael, Jr.	2,771	.....	74	45	21	7/1	1-3	275.00
†Veterans Admin. Hospital	Hines, Ill.	L. A. Baker	5,345	.....	226	171	47	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Indianapolis	R. F. Westmoreland	2,140	180	114	76	10	Varies	1-3	275.00
†Veterans Admin. Hospital	Des Moines, Iowa	D. J. Glomset	2,382	.....	127	68	12	7/1	1-3	275.00
†Veterans Admin. Hospital	Wadsworth, Kan.	.....	.....	.....	.....	.....	20	Varies	2	275.00
†Veterans Admin. Hospital	Louisville, Ky.	J. R. Gott, Jr.	.....	.....	18	.....	28	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	New Orleans, La.	R. H. Turner	942	1,586	30	25	14	7/1	1-3	275.00
†Veterans Admin. Hospital	Fort Howard, Md.	P. Padget	2,686	.....	167	90	11	7/1	1-3	275.00
†Veterans Admin. Hospital, W. Roxbury	Boston, Mass.	T. A. Warthin	1,946	1,291	96	69	13	7/1	1-3	275.00
†Veterans Admin. Hospital	Framingham, Mass.	M. B. Strauss	2,165	.....	83	50	19	7/1	1-3	275.00
†Veterans Admin. Hospital	Dearborn, Mich.	H. J. Kullman	2,540	6,284	159	90	15	7/1	2-3	275.00

Numerical and other references will be found on page 89.

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8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residents Offered	Beginning Salary (1948)	Length of Service Required (Years)	Beginning Salary (Month)
†Veterans Admin. Hospital	Minneapolis	R. E. Ebert	2,410	.....	116	85	29	.....	1	$375.00
†Veterans Admin. Hospital	Jefferson Bks., Mo.	E. D. Wall	700	.....	109	15	24	Varies	1-3	275.00
†Veterans Admin. Hospital	Batavia, N. Y.	F. E. Kenny	1,359	1,466	77	34	7	7/1	1-3	275.00
†Veterans Admin. Hospital	Bath, N. Y.	A. S. Dowling	876	.....	63	20	6	Varies	1-3	275.00
†Veterans Admin. Hospital[a]	New York City	B. Straus	4,446	20,694	431	207	30	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Staten Island, N. Y.	S. E. King	700	5,360	38	13	12	7/1	1-3	275.00
†Veterans Admin. Hospital	Cleveland	N. P. Shumway	3,139	.....	170	99	28	1/1, 7/1	1-3	275.00
†Veterans Admin. Center	Dayton, Ohio	H. Warshawsky	780	78,074	54	20	10	Varies	1-3	275.00
†Veterans Admin. Hospital	Oklahoma City	W. Langston	.....	1,800	63	29	6	7/1	1-3	275.00
†Veterans Admin. Hospital	Aspinwall, Pa.	R. Schwartz	3,043	90	109	40	13	7/1	1-3	275.00
†Veterans Admin. Hospital	Columbia, S. C.	S. L. Zimmerman	1,062	.....	80	32	12	7/1	1-3	275.00
†Veterans Admin. Hospital	Memphis, Tenn.	J. E. Cottrell	1,325	13,739	33	22	21	7/1	1-3	275.00
†Veterans Admin. Hospital	Nashville, Tenn.	R. France	.....	.....	.....	.....	24	7/1	1-3	275.00
†Veterans Admin. Hospital	Dallas, Texas	B. M. Lipschultz	2,517	.....	95	45	12	Varies	1	275.00
†Veterans Admin. Hospital	McKinney, Texas	A. Friedman	1,406	.....	53	28	16	Varies	1	275.00
†Veterans Admin. Hospital	Salt Lake City	J. C. Nunemaker	1,272	354	63	58	12	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	White River Jct., Vt.	A. Yeomans	1,776	155	49	39	7	7/1	1-3	275.00
†Veterans Admin. Hospital	Richmond, Va.	J. P. Williams	4,687	.....	123	86	24	Varies	1-3	275.00
†Veterans Admin. Hospital	Milwaukee	M. Hardgrove	3,564	5,735	148	92	29	7/1	3	275.00
Nonfederal										
Jefferson-Hillman Hospital[a]	Birmingham, Ala.	J. S. McLester	3,589	18,503	412	163	11	7/1	1-3	50.00
Norwood Hospital[a]	Birmingham, Ala.	E. D. Lineberry	1,614	4,244	45	22	1	7/1	3	100.00
Employee's Hospital of the Tennessee Coal, Iron and Railroad Company	Fairfield, Ala.	G. M. Hankins	1,989	20,514	106	40	5	7/1	1-3	200.00
†St. Monica's Hospital and Health Center	Phoenix, Ariz.	R. S. Flinn	1,723	4,720	108	50	1	1/1	1-2	150.00
St. Joseph's Hospital	Phoenix, Ariz.	R. S. Flinn	1,590	.....	111	35	1	7/1	1-2	150.00
†St. Mary's Hospital and Sanatorium	Tucson, Ariz.	W. B. Hewitt	474	.....	66	5	3	7/1	1	150.00
†Tucson Medical Center	Tucson, Ariz.	H. L. Thompson	475	.....	42	25	1	7/1	1	200.00
Baptist State Hospital	Little Rock, Ark.	S. T. W. Cull	2,634	.....	274	34	2	1/1	1	125.00
†University Hospital	Little Rock, Ark.	J. T. Roberts	626	7,834	91	44	4	7/1	1	50.00
San Joaquin General Hospital	French Camp, Calif.	G. R. Wever	2,533	7,950	441	253	3	7/1	1-3	200.00
General Hospital of Fresno County[a]	Fresno, Calif.	W. R. Schottstaedt	3,740	6,726	325	79	1	7/1	1-2	150.00
†Glendale Sanitarium and Hospital	Glendale, Calif.	H. J. Roxie	2,605	..	165	78	2	7/1	1-2	147.33
Seaside Memorial Hospital	Long Beach, Calif.	J. E. Walker	2,885	.....	225	66	2	7/1	1-2	150.00
California Hospital[a]	Los Angeles	W. F. Wessels	2,085	1,005	215	94	2	7/1	2-3	100.00
Cedars of Lebanon Hospital[a]	Los Angeles	M. Nathanson	2,691	57,129	316	122	2	7/1	1	50.00
Hospital of the Good Samaritan[a]	Los Angeles	L. S. Chapman	2,093	8,152	195	67	3	7/1	3	200.00
Los Angeles County Hospital[a]	Los Angeles	D. W. Greggs	18,024	31,783	2,298	800	18	Varies	3	165.00
†Queen of Angels Hospital	Los Angeles	H. H. Thomson	1,924	1,536	.....	74	1	7/1	1-3	160.00
St. Vincent's Hospital	Los Angeles	J. C. Ruddock	4,133	.....	78	38	1	7/1	1	.....
White Memorial Hospital	Los Angeles	D. D. Comstock	1,468	25,640	83	48	4	.....	1-3	147.33
Highland-Alameda County Hospital[a]	Oakland, Calif.	F. Taylor	2,317	.....	418	142	2	.....	1-3	130.00
Permanente Foundation Hospital[a]	Oakland, Calif.	M. F. Cullen	1,596	34,812	143	77	4	7/1	1	125.00
Samuel Merritt Hospital	Oakland, Calif.	F. Taylor	1,090	.....	80	42	1	7/1	1	110.00
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.	R. F. Webb	1,913	548	215	129	2	1/1, 7/1	1	85.00
San Diego County General Hospital	San Diego, Calif.	E. M. Fetter	1,427	5,675	313	88	2	7/1	1	187.00
Children's Hospital[a]	San Francisco	J. Atkinson	994	.....	10	7	1	7/1	1	50.00
Franklin Hospital[a]	San Francisco	H. C. Sheperdson	1,437	.....	127	37	3	7/1	1	100.00
French Hospital[a]	San Francisco	D. L. Wilbur	1,403	.....	117	34	2	7/1	1	150.00
Mount Zion Hospital[a]	San Francisco	A. L. Cohn and J. J. Sampson	1,421	.....	138	72	5	7/1	1	50.00
St. Luke's Hospital[a]	San Francisco	E. L. Bruck	2,842	2,851	184	58	2	7/1	1-2	100.00
†St. Mary's Hospital[a]	San Francisco	J. J. McGinnis	1,369[b]	.....	.....	.....	1	4/1	1	100.00
San Francisco Hospital[a]	San Francisco	L. H. Briggs	3,564	.....	805	166	6	.....	1	175.00
†Southern Pacific General Hospital	San Francisco	H. E. Allen	7,121[b]	21,780[b]	.....	.....	3	7/1	1-3	125.00
Stanford University Hospitals[a]	San Francisco	A. L. Bloomfield	2,004	10,151	123	64	14	7/1	1-2	50.00
University of California Hospital[a]	San Francisco	W. J. Kerr	1,626	29,518	65	43	8	Varies	1	50.00
Santa Clara County Hospital	San Jose, Calif.	P. Morton	.....	.....	.....	.....	3	7/1	1-2	180.00
Fairmont Hospital of Alameda County[a]	San Leandro, Calif.	F. Taylor	1,684	5,269	348	144	5	7/1	1	110.00
Santa Barbara Cottage Hospital[a]	Santa Barbara, Calif.	D. H. McNamara	2,424	.....	103	64	2	7/1	1	100.00
†Harbor General Hospital[a]	Torrance, Calif.	V. Maron	692	523	113	44	6	7/1	3-5	165.00
University of Colorado Medical Center										
Colorado General Hospital[a]	Denver	J. J. Waring	1,294	24,124	156	120	12	1/1, 7/1	1-3	75.00
Denver General Hospital[a,b]	Denver	J. J. Waring	1,790	1,507	360	132	2	7/1	1-2	50.00
†St. Joseph Hospital	Denver	M. Katzman	1,388	.....	86	16	4	7/1	1	50.00
Corwin Hospital	Pueblo, Colo.	R. H. Finney	2,636	33,900	100	66	1	7/1	1	75.00
†Hartford Hospital[a]	Hartford, Conn.	.....	2,771	3,550	280	135	6	7/1	1-3	.....
†New Britain General Hospital	New Britain, Conn.	J. C. White	1,250	.....	157	28	2	7/1	1-2	.....
Grace-New Haven Community Hospital, Grace Unit	New Haven, Conn.	T. Evans	1,125	.....	116	23	3	7/1	3	40.00
New Haven Unit (University Service)[a]	New Haven, Conn.	F. G. Blake	2,475	24,927	337	167	4	7/1	1	40.00
†Hospital of St. Raphael	New Haven, Conn.	T. R. Evans and J. Mignone	1,224	775	169	40	2	7/1	1	75.00
†Lawrence and Memorial Associated Hospitals[a]	New London, Conn.	A. Labensky	980[b]	.....	.....	.....	1	Varies	1	.....
Delaware Hospital	Wilmington, Del.	L. B. Flinn	1,984	2,934	233	134	2	7/1	1	80.00
Memorial Hospital	Wilmington, Del.	L. B. Flinn	1,206	1,117	116	52	2	7/1	1-2	110.00
Central Dispensary and Emergency Hospital[a]	Washington, D. C.	J. Minor	1,743	2,385	152	75	2	7/1	1	50.00
Doctors Hospital	Washington, D. C.	A. McNitt	1,942	.....	147	99	3	7/1	1-2	100.00
Freedmen's Hospital[a]	Washington, D. C.	J. B. Johnson	3,930	7,674	193	70	7	7/1	1-3	116.66
Gallinger Municipal Hospital[a]	Washington, D. C.	H. Jeghers	2,562	.....	494	238	14	7/1	1-2	75.00
Garfield Memorial Hospital[a]	Washington, D. C.	B. F. Weems	2,244	2,108	154	64	5	7/1	1-3	50.00
Georgetown University Hospital[a]	Washington, D. C.	H. Jeghers	1,472	.....	112	54	11	7/1	1-3	50.00
George Washington University Hospital	Washington, D. C.	P. L. Dickens	330	3,042	.....	.....	4	.....	1	.....
†Providence Hospital[a]	Washington, D. C.	H. R. Schreiber and H. P. Arzy	1,995	3,740	147	85	2	7/1	3	75.00
Duval County Hospital	Jacksonville, Fla.	L. Limbaugh	780	.....	149	70	3	7/1	1	125.00
Riverside Hospital[a]	Jacksonville, Fla.	T. Z. Cason	804[b]	7,395[b]	.....	.....	1	7/1	1	150.00
Jackson Memorial Hospital	Miami, Fla.	.....	10,397	8,763	682	209	7	7/1	1	60.00
†Crawford W. Long Memorial Hospital	Atlanta, Ga.	L. Henry	1,823	1,260	141	52	3	7/1	1-2	75.00
Grady Memorial Hospital[a]	Atlanta, Ga.	P. B. Beeson	2,083	53,287	415	235	13	7/1	1	20.00
Piedmont Hospital[a]	Atlanta, Ga.	J. E. Paullin	909	.....	43	26	1	7/1	1-2	75.00
St. Joseph Infirmary	Atlanta, Ga.	J. H. Hines	1,150	1,396	75	34	3	7/1	1-3	60.00
University Hospital[a]	Augusta, Ga.	V. P. Sydenstricker	2,034	3,994	240	47	7	7/1	1-3	40.00
Emory University Hospital	Emory University, Ga.	P. B. Beeson	1,959	.....	124	55	4	7/1	1	50.00
†Alexian Brothers Hospital	Chicago	I. Velini	1,634	.....	79	79	3	7/1	1	100.00
†American Hospital[a]	Chicago	O. Porges	907[b]	10,237[b]	.....	.....	1	7/1	1	80.00
†Augustana Hospital	Chicago	C. Hedberg	1,288	2,315	43	11	3	7/1	1-3	50.00
Cook County Hospital[a]	Chicago	E. F. Foley	17,381	16,378	4,050	...	32	1/1, 7/1	1-3	27.50

Numerical and other references will be found on page 89

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residents Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
†Grant Hospital ●	Chicago	A. A. VanderKloot	.....	.....	.....	.....	1	7/1	1	$125.00
†Henrotin Hospital ●†	Chicago	F. K. Hick	837	.....	57	30	1	7/1	1	100.00
Hospital of St. Anthony de Padua ●	Chicago	F. L. Foran	1,047	.....	118	22	1	2/1, 6/1	1	100.00
†Illinois Central Hospital ●	Chicago	.....	1,079	.....	26	8	1	9/1	1	150.00
Illinois Masonic Hospital ●†	Chicago	R. Hayes	1,539	.....	215	105	2	.....	1	.....
Lutheran Deaconess Home and Hospital ●	Chicago	G. O. Sobin	1,483	.....	130	48	1	7/1	1	75.00
Mercy Hospital—Loyola University Clinics ●	Chicago	G. F. O'Brien	2,482	14,782	155	49	5	7/1	3	25.00
Michael Reese Hospital ●†	Chicago	M. W. Ley	2,590	9,086	219	122	6	7/1	3	25.00
Mount Sinai Hospital ●†	Chicago	E. B. Fretlich	1,732	12,825	184	51	3	7/1	1-3	50.00
Norwegian American Hospital ●†	Chicago	M. T. Gerbner	1,305	.....	121	37	1	11/1	1	25.00
Passavant Memorial Hospital ●†	Chicago	W. Sadler	1,087	.....	61	39	4	.....	1	.....
Presbyterian Hospital ●	Chicago	S. H. Armstrong	3,199	19,320	162	102	7	.....	3	25.00
Provident Hospital ●†	Chicago	L. H. Berry	706	6,169	99	26	2	7/1	1-3	25.00
†Ravenswood Hospital ●	Chicago	H. R. Marsh	1,330	.....	156	99	1	7/1	1	50.00
Research and Educational Hospitals ●†	Chicago	R. W. Keeton	567	11,936	43	37	5	7/1	1-3	55.00
†St. Anne's Hospital ●	Chicago	S. G. Plice	1,506	.....	159	51	1	10/1	1½-3	125.00
†St. Elizabeth Hospital ●	Chicago	W. W. Shapiro	1,089	.....	33	6	1	7/1	1	75.00
St. Joseph Hospital ●	Chicago	L. E. Hines	1,479	1,285	96	47	2	4/1	1-3	75.00
St. Luke's Hospital ●†	Chicago	N. C. Gilbert	3,490	498	263	120	8	7/1	1-3	25.00
University of Chicago Clinics ●†	Chicago	L. T. Coggeshall	2,091	22,228	107	76	14	7/1	2-3	25.00
Wesley Memorial Hospital ●†	Chicago	P. S. Rhoads	2,464	.....	126	73	9	1/1, 7/1	1-3+	25.00
Woodlawn Hospital ●†	Chicago	W. E. Gouwens	1,230	.....	71	32	1	7/1	1	.....
Evanston Hospital ●	Evanston, Ill.	L. D. Snorf	2,216	8,080	178	153	5	.....	3	50.00
St. Francis Hospital ●	Evanston, Ill.	R. M. Jones	2,606	.....	257	116	2	7/1, 10/1	1	75.00
†West Suburban Hospital ●	Oak Park, Ill.	F. Tice	1,406	3,643	248	120	5	4/1, 7/1	1	50.00
St. Francis Hospital ●	Peoria, Ill.	J. E. McCorvie	2,453	16,560	240	90	2	4/1, 11/1	1-2	75.00
Indianapolis General Hospital ●†	Indianapolis	C. J. Clark	1,846	22,500	350	140	12	7/1	1-3	70.00
Indiana University Medical Center ●†	Indianapolis	J. O. Ritchey	2,026	9,554	182	120	5	7/1	2-3	33.33
†Methodist Hospital ●†	Indianapolis	R. Moser	3,053	.....	285	91	3	7/1	1-3	200.00
Iowa Methodist Hospital ●†	Des Moines, Iowa	T. F. Strawn	1,383	.....	124	69	2	7/1	1-3	75.00
University Hospitals ●†	Iowa City	W. M. Fowler	2,276	4,138	153	93	10	7/1	1-3	50.00
University of Kansas Hospitals ●†	Kansas City, Kan.	R. H. Major	1,595	20,357	148	90	5	.....	1-3	.....
St. Francis Hospital ●	Wichita, Kan.	F. J. McEwen	2,675	.....	144	43	1	7/1	1	100.00
Wesley Hospital ●†	Wichita, Kan.	G. F. Corrigan	2,717	.....	129	44	1	7/1	1-3	150.00
†St. Joseph Hospital ●	Lexington, Ky.	J. W. Scott	1,807	.....	134	58	1	7/1	1-3	90.00
Louisville General Hospital ●	Louisville, Ky.	J. W. Moore	1,346	22,585	260	75	11	7/1	1	45.00
St. Joseph Infirmary ●	Louisville, Ky.	O. O. Miller	2,362	.....	152	59	3	7/1	1-3	75.00
Charity Hospital of Louisiana ●†	New Orleans	.....	3,958	66,375	831	250	25	7/1	1-3	25.00
†Foundation Hospital	New Orleans	T. Findley	1,097	12,055	34	27	16	1/1, 4/1	3	150.00
†Hotel Dieu, Sisters' Hospital ●	New Orleans	.....	1,502	.....	169	28	1	7/1	1	100.00
Touro Infirmary ●	New Orleans	S. B. Sadler	1,642	6,121	178	76	4	7/1	1	17.50
Southern Baptist Hospital ●	New Orleans	P. H. Jones	1,882	.....	102	51	1	7/1	1-3	150.00
†Shreveport Charity Hospital ●	Shreveport, La.	M. D. Hargrove	2,348	11,363	251	124	4	7/1	1-3	60.00
†Maine General Hospital ●	Portland, Me.	E. R. Blaisdell	1,258	781	139	58	2	.....	1+	50.00
Baltimore City Hospital ●†	Baltimore	C. H. Boyd	1,676	.....	372	183	7	7/1	1	35.00
Church Home and Hospital ●†	Baltimore	J. R. Morgan	639	611	40	21	3	7/1	1	85.00
Franklin Square Hospital ●†	Baltimore	W. H. Smith	639	1,442	35	12	2	7/1	1-4	75.00
Hospital for Women ●†	Baltimore	W. Fort	501	3,135	29	7	3	7/1	1	85.00
Johns Hopkins Hospital ●†	Baltimore	A. M. Harvey	3,808	62,675	228	150	9	.....	1+	.....
Maryland General Hospital ●†	Baltimore	J. E. Legge	1,227	268	91	18	1	7/1	1-3	75.00
Mercy Hospital ●†	Baltimore	H. R. Peters	1,286	.....	139	51	4	.....	1	50.00
Provident Hospital and Free Dispensary ●†	Baltimore	E. B. Jarrett	474	1,467	116	.....	2	.....	1	.....
St. Agnes Hospital ●	Baltimore	L. P. Gundry	944	174	83	28	3	.....	1	.....
St. Joseph's Hospital ●	Baltimore	J. J. Geraghty	1,986	1,210	130	33	3	7/1	2-3	50.00
Sinai Hospital ●†	Baltimore	M. Sherry	1,458	.....	189	96	5	7/1	1-3	25.00
South Baltimore General Hospital ●†	Baltimore	G. McLean	720	1,030	63	10	3	7/1	1-3	75.00
Union Memorial Hospital ●	Baltimore	W. A. Baetjer	.....	.....	.....	.....	6	7/1	1	.....
University Hospital ●†	Baltimore	M. C. Pincoffs	1,682	8,422	180	94	5	7/1	1-2	75.00
West Baltimore General Hospital ●†	Baltimore	L. A. M. Krause	1,023	700	.....	.....	2	.....	1	.....
†Beverly Hospital ●	Beverly, Mass.	A. E. Parkhurst	1,583	2,742	74	56	1	.....	1-2	100.00
Beth Israel Hospital ●	Boston	H. L. Blumgart	1,721	32,500	138	77	5	4/1	1	79.16
Boston City Hospital ●†	Boston	W. R. Ohler	12,958	37,063	1,013	594	20	.....	1+	66.67
Carney Hospital ●	Boston	N. A. Welch	592	2,362	82	28	1	7/1	1	50.00
†Faulkner Hospital ●	Boston	J. A. Halsted	750	.....	71	27	1	10/1	1	75.00
Joseph H. Pratt Diagnostic Hospital ●	Boston	S. Proger	3,341	4,112	16	8	11	7/1	1	83.33
Lahey Clinic ●	Boston	L. M. Hurpthal	.....	.....	.....	.....	20	.....	1-2	.....
Massachusetts General Hospital ●†	Boston	J. H. Means	3,211 §	21,423 §	.....	.....	47	7/1	1-3	41.66
Massachusetts Memorial Hospitals ●†	Boston	C. S. Keefer	1,135	4,840	58	47	8	.....	1	50.00
†New England Deaconess Hospital ●	Boston	H. F. Root	.....	.....	.....	.....	4	.....	1-3	.....
Peter Bent Brigham Hospital ●†	Boston	G. W. Thorn	2,177	24,258	203	126	7	Varies	1	.....
†Mount Auburn Hospital ●†	Cambridge, Mass.	J. H. Townsend	1,343	3,130	128	.....	2	7/1	1	50.00
Truesdale Hospital ●	Fall River, Mass.	W. Mason	803	.....	44	24	1	1/1, 7/1	1	50.00
†Malden Hospital	Malden, Mass.	E. G. Thorp	1,728 §	.....	.....	.....	1	7/1	1	100.00
†Cooley Dickinson Hospital ●	Northampton, Mass.	J. E. Hayes	1,602	.....	.....	.....	1	7/1	1	100.00
Salem Hospital ●	Salem, Mass.	S. N. Gardner	1,242	377	144	.....	1	7/1	1	50.00
†Memorial Hospital ●†	Worcester, Mass.	O. H. Stansfield	1,576	876	112	46	1	.....	1-2	100.00
St. Vincent Hospital ●	Worcester, Mass.	J. J. Dumphy	1,987	.....	131	46	3	7/1	1-3	41.67
Worcester City Hospital ●	Worcester, Mass.	G. W. Ballantyne	1,507	4,893	342	118	2	7/1	1	75.00
†St. Joseph's Mercy Hospital ●†	Ann Arbor, Mich.	H. H. Reeker	1,106	1,497	109	36	2	1/1, 7/1	1-3	125.00
University Hospital ●†	Ann Arbor, Mich.	C. C. Sturgis	3,244	20,855	234	151	18	7/1	1-3	111.40
Alexander Blain Hospital	Detroit	L. E. Heavner	494	10,500	23	11	1	7/1	1	100.00
City of Detroit Receiving Hospital ●†	Detroit	G. W. Myers	3,352	5,532	691	263	19	7/1	1+	167.00
Grace Hospital ●†	Detroit	T. Colvin	2,945	14,869	240	104	6	7/1	1-3	75.00
Harper Hospital ●†	Detroit	R. C. Moehlig	2,540	12,749	.....	.....	12	7/1	1	118.00
Henry Ford Hospital ●†	Detroit	F. J. Sladen	4,735	129,995	210	116	36	7/1	1-3	200.00
Mount Carmel Mercy Hospital ●	Detroit	H. L. Smith	2,115	.....	264	81	3	7/1	1-3	100.00
Providence Hospital ●	Detroit	B. Wechter	2,191	.....	217	113	3	7/1	1-3	140.00
St. Mary's Hospital ●†	Detroit	W. J. Wilson, Jr.	1,789	.....	161	85	1	7/1	3	.....
Woman's Hospital ●	Detroit	B. I. Johnstone	.....	.....	.....	.....	1	7/1	1-4	100.00
Wayne County General Hospital and Infirmary ●†	Eloise, Mich.	M. R. McQuigan	10,659	30,749	786	254	11	7/1	1	116.25
Hurley Hospital ●	Flint, Mich.	M. S. Chambers	3,020	.....	313	104	2	7/1	3	135.00
Blodgett Memorial Hospital ●†	Grand Rapids, Mich.	C. Beeman	732	.....	87	46	3	7/1	1-3	175.00
Butterworth Hospital ●†	Grand Rapids, Mich.	C. V. Crane	1,384	354	163	70	2	7/1	3	100.00
Highland Park General Hospital ●	Highland Park, Mich.	L. T. Crane	1,191	.....	97	42	3	7/1	1-3	100.00
†Pontiac General Hospital ●	Pontiac, Mich.	C. R. Gatley	856	.....	100	24	2	7/1	1-3	75.00
†Saginaw General Hospital ●	Saginaw, Mich.	S. Yntema	2,100	450	154	66	1	7/1	3	75.00
St. Mary's Hospital ●	Duluth, Minn.	R. Bardon	1,464	.....	132	79	1	7/1	1	75.00
Minneapolis General Hospital ●†	Minneapolis	G. E. Fahr	2,389	10,609	412	138	7	1/1, 7/1	1-3	115.00
†Northwestern Hospital ●†	Minneapolis	J. C. Miller	1,874	.....	138	70	1	7/1	1	130.00
†St. Barnabas Hospital ●	Minneapolis	L. R. Scherer	1,308	.....	136	85	1	1/1, 7/1	1	100.00
University Hospitals ●†	Minneapolis	C. J. Watson	992	28,406	97	70	58	7/1	1-3	115.00

Numerical and other references will be found on page 89

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residents Offered	Beginning of Service (Month)	Length of Service Offered (Years)	Beginning Stipend ($) (Month)
Mayo Foundation	Rochester, Minn.	R. M. Wilder (See page 89)				120			1	
Ancker Hospital	St. Paul	A. Hoff	1,544	11,561	273	189	5	4/1	1	$ 91.50
Charles T. Miller Hospital	St. Paul	E. T. F. Richards and C. N. Hensel	2,887	8,281	115	65	3	Varies	1-3	115.00
St. Louis County Hospital	Clayton, Mo.	R. O. Muether	1,634	20,544	190	89	4	7/1	1-3	80.00
Kansas City General Hospital No. 1	Kansas City, Mo.	D. A. William	2,516	16,302	471	240	6	7/1	2-3	50.00
Menorah Hospital	Kansas City, Mo.	A. Sophian	1,468		92	25	1	7/1	1	200.00
Research Hospital	Kansas City, Mo.	H. C. Davis	1,786	2,291	151	98	2	7/1	1-3	100.00
St. Joseph Hospital	Kansas City, Mo.	D. A. Williams							1-3	100.00
St. Mary's Hospital	Kansas City, Mo.	H. M. Parker	1,089		108	69	1	7/1	1	100.00
Barnes Hospital	St. Louis	W. B. Wood	3,978	24,572	206	151	20	7/1	1-3	25.00
De Paul Hospital	St. Louis	E. P. Buddy	1,426	678	169	31	2	7/1	3	60.00
Homer G. Phillips Hospital	St. Louis	H. Bulger	1,628	8,188	491	85	5	7/1	1	50.00
Jewish Hospital	St. Louis	J. E. Cook	2,977		200	61	4		1+	50.00
Missouri Baptist Hospital	St. Louis	J. L. Horner	2,126				5	7/1	1-3	60.00
Missouri Pacific Hospital	St. Louis	W. P. Elmer					3	7/1	1-3	125.00
St. Anthony's Hospital	St. Louis	R. V. Powell	1,604		67	31	1	7/1	1	50.00
St. John's Hospital	St. Louis	C. H. Neilson	1,895	1,675	353	60	3	7/1	1-3	50.00
St. Louis City Hospital	St. Louis		4,287	6,449	829	338	13	7/1	1	95.00
St. Luke's Hospital	St. Louis	D. M. Skilling, Jr.	1,133				1	7/1	1	75.00
St. Mary's Group of Hospitals	St. Louis	R. A. Kinsella	2,602	34,789	221	95	9	Varies	1	85.00
†Montana Deaconess Hospital	Great Falls, Mont.	F. R. Schemm	1,513		101	55	1	7/1	1-2	200.00
Creighton Memorial St. Joseph's Hospital	Omaha	A. Sachs	4,818	7,797	256	96	1	7/1	1-3	100.00
†Nebraska Methodist Hospital	Omaha	E. J. Kirk	1,756		86	45	1	7/1	1	100.00
†University of Nebraska Hospital	Omaha	C. C. Lorth	514		40	28	1	7/1	1-3	75.00
Mary Hitchcock Memorial Hospital	Hanover, N. H.	N. T. Milliken	1,020	12,000			3	Varies	1-3	175.00
Atlantic City Hospital	Atlantic City, N. J.	D. W. Scanlan	1,980	7,874	320	69	1	7/1	1	
†Hackensack Hospital	Hackensack, N. J.	L. W. Black	1,732	6,241	238		1	7/1	1	100.00
Jersey City Hospital	Jersey City, N. J.	T. J. White	6,612	32,604	1,016	245	9	Varies	1-5	35.00
Burlington County Hospital	Mount Holly, N. J.	P. S. MacNeal	495	444	64	28	1	7/1	1-2	100.00
†Newark Beth Israel Hospital	Newark, N. J.	H. Goldberg	1,223	6,715	184	56	2	1/1	2	25.00
†St. Francis Hospital	Trenton, N. J.		2,190				1		1	100.00
Albany Hospital	Albany, N. Y.	L. W. Gorham	1,895	5,062	173	95	4	7/1	1	41.66
Binghamton City Hospital	Binghamton, N. Y.	H. W. Davis	3,355		257	77	7	7/1	1-3	60.00
†Beth-El Hospital	Brooklyn	M. J. Dattelbaum	828	11,830	101	20	3	1/1, 7/1	1-2	100.00
Brooklyn Hospital	Brooklyn	E. P. Maynard	2,191	18,114	170	62	3	7/1	1-2	25.00
Caney Island Hospital	Brooklyn	T. J. Longo	1,771	16,965	284	84	2	7/1	1	70.00
Cumberland Hospital	Brooklyn	J. J. Guttman	1,583	18,086	213	56	2	7/1	1	70.00
Greenpoint Hospital	Brooklyn	A. Klein	1,183	14,335	225	26	2	7/1	1	120.00
†Israel Zion Division	Brooklyn			(See Maimonides)						
Jewish Hospital	Brooklyn		1,671	25,790	190	60	3	1/1, 4/1	1	30.00
Kings County Hospital	Brooklyn	H. Feinblatt and W. Dock	15,474	29,395	2,561	340	13	7/1	1-2	50.00
Long Island College Hospital	Brooklyn	J. H. Crawford	1,718	10,267	143	50	5	7/1	1-2	25.00
Maimonides Hospital										
†Israel Zion Division	Brooklyn	J. Rosenthal	1,301	5,955	174	24	4		1	50.00
Methodist Hospital	Brooklyn	A. T. Mays and I. L. Cabot	1,328	4,551	151	63	5	7/1	2-3	25.00
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn						1		1	
St. Catherine's Hospital	Brooklyn		971	1,753	166	25	2	7/1	1-3	100.00
Buffalo General Hospital	Buffalo	J. H. Talbott	2,181	13,515	239	113	10	7/1	1-2	25.00
†Deaconess Hospital	Buffalo		1,299	841	232	69	1		1-3	60.00
Edward J. Meyer Memorial Hospital	Buffalo	D. K. Miller	3,370	9,021	394	208	14	7/1	1-4	100.00
Millard Fillmore Hospital	Buffalo	J. F. Pointon	1,482		145	55	5		1-4	50.00
†Clifton Springs Sanitarium and Clinic	Clifton Springs, N. Y.	R. A. Watson	2,605	2,152	65	40	2	7/1	1-3	50.00
Mary Imogene Bassett Hospital	Cooperstown, N. Y.	J. Bordley	739	3,775			3	7/1	1-3	83.33
Meadowbrook Hospital	Hempstead, N. Y.	E. C. Jessup and B. R. Allison	900		101	52	2	7/1	1-2	115.00
Queens General Hospital	Jamaica, N. Y.	J. R. Reuling	4,781	14,721	968	363	8	7/1	3	70.00
Charles S. Wilson Memorial Hospital	Johnson City, N. Y.	E. M. Jones	2,497		199	65	3	7/1	1-3	200.00
†Mount Vernon Hospital	Mount Vernon, N. Y.	F. Rosenhoff	1,602	460	179	56	2	7/1	1-2	125.00
New Rochelle Hospital	New Rochelle, N. Y.	C. A. Read	1,761	1,194	214	51	2	7/1	1-2	100.00
Bellevue Hospital, Div. I—Columbia U.	New York City	D. W. Richards, Jr.	2,840	14,500	391	814	5	7/1	1	70.00
Bellevue Hospital, Div. II—Cornell U.	New York City	J. E. Deitrick	2,720	21,000	323	715	4	7/1	1	70.00
Bellevue Hospital, Div. III—N. Y. Univ.	New York City	W. S. Tillett	3,200	18,124	290	1276	11	7/1	1	70.00
Bellevue Hospital, Div. IV—Open Div.	New York City	C. H. Nammack	2,458	17,859	248	728	4	7/1	1	70.00
Beth Israel Hospital	New York City	A. M. Fishberg	1,036	9,427	108	33	5	7/1	1-2	50.00
Bronx Hospital	New York City	M. Wessler	1,851	8,196	188	87	5	7/1	1-3	75.00
†Doctors Hospital	New York City		1,422		86	34	3	1/1, 7/1	1+	200.00
Flower and Fifth Avenue Hospitals	New York City	L. J. Boyd	1,001	5,323	88	27	4	6/1	1	None
Fordham Hospital	New York City	J. J. McGowan					4	7/1	1	70.00
Goldwater Memorial Hospital	New York City	M. Rosenbluth D. Beck	1,730	1,654	295	130	29	7/1	1	70.00
Gouverneur Hospital	New York City	T. Sanders	1,213	28,807	354	44	4	7/1	1	70.00
Harlem Hospital	New York City	O. LaRotonda	3,723	41,030	416	78	7	1/1, 7/1	1	70.00
Lenox Hill Hospital	New York City	J. M. Steele and A. L. Garbat	1,197		129	53	2	Varies	1-3	50.00
Lincoln Hospital	New York City	K. Taylor	3,228	30,435	300	156	9	7/1	1-3	60.00
†Memorial Hospital	New York City	L. F. Craver	2966	7,378			1	Varies	1-3	15.00
Metropolitan Hospital	New York City	J. J. Boyd	2,927	13,136	681	96	9	7/1, 10/1	1	120.00
Montefiore Hospital for Chronic Diseases	New York City	L. Leiter	900	3,276	167	75	7	1/1, 7/1	1	50.00
Morrisania City Hospital	New York City	E. Flood and S. Bilcon	3,553	7,364	617	72	5	7/1	2	60.00
Mount Sinai Hospital	New York City						21	Varies	1-2	
New York City Hospital	New York City	J. Carroll and W. L. Whittemore	2,884	26,430	366	131	8	7/1	1	70.00
New York Hospital	New York City	D. P. Barr	1,997	17,096	155	119	30	1/1, 7/1	1-5	25.00
New York Infirmary	New York City	M. E. Master	300	4,021	12	9	1	7/1	1+	75.00
New York Polyclinic Medical School and Hospital	New York City	J. Carroll	1,415	5,665	86	14	3	7/1	3	25.00
New York Post-Graduate Medical School and Hospital	New York City	W. G. Lough	1,489	19,085	111	45	3	7/1	1	30.00
Presbyterian Hospital	New York City	R. F. Loeb	5,000	45,219	271	...	16		1-3	41.66
Roosevelt Hospital	New York City	H. F. Bhattuck and J. M. Preston	2,301	10,527	285	67	9	7/1	1-2	70.00
†St. Clare's Hospital	New York City	J. P. Cross	2,046	2,746	96	57	3	7/1	2-3	25.00
St. Luke's Hospital	New York City	J. H. Keating	2,727	31,431	222	88	9	Varies	1-3	50.00
St. Vincent's Hospital	New York City	F. W. Baldwin	3,173	4,319	453	107	9	7/1	1	50.00
Sydenham Hospital	New York City		1,088	11,389	130	57	3	7/1	1	75.00
Genesee Hospital	Rochester, N. Y.	C. Beller	1,080	2,301	141	70	5	7/1	1	41.66
†Highland Hospital	Rochester, N. Y.	E. B. Noble	1,300				1	7/1	1-2	100.00

Numerical and other references will be found on page 89

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Registrar (Full) Required	Length of Service Offered (Years)	Stipend (Months)
Rochester General Hospital ☆▲	Rochester, N. Y.	L. F. Allen	1,667	5,620	211	145	3	7/1	1-3	$ 70.00
St. Mary's Hospital ☆▲	Rochester, N. Y.	J. B. Duffy	728	.....	55	27	6	7/1	1-2	125.00
Strong Memorial—Rochester Municipal Hospitals ☆▲	Rochester, N. Y.	W. S. McCann	3,915	20,057	401	274	17	7/1	1-4	41.66
†Ellis Hospital ☆▲	Schenectady, N. Y.	G. M. Clowe	3,008	.....	204	52	2	7/1	1-3	100.00
Hospital of the Good Shepherd ☆▲	Syracuse, N. Y.	R. Lyons	1,194	.....	152	78	4	7/1	1	125.00
Greenlands Hospital ☆▲	Valhalla, N. Y.	M. D. Touart	809	3,697	157	89	2	7/1	1-3	75.00
†White Plains Hospital ☆▲	White Plains, N. Y.	E. W. Weber	.....	.....	.....	.....	1	7/1	1-3	100.00
Charlotte Memorial Hospital ☆▲	Charlotte, N. C.	T. W. Baker	1,854	2,589	109	51	2	7/1	1-3	75.00
Duke Hospital ☆▲	Durham, N. C.	E. A. Stead	3,161	20,151	129	82	22	7/1	1	83.33
Watts Hospital ☆	Durham, N. C.	W. R. Stanford	2,656	822	126	36	2	7/1	1-2	50.00
James Walker Memorial Hospital ☆▲	Wilmington, N. C.	D. R. Murchison	2,379	4,382	135	32	1	7/1	1-2	100.00
City Memorial Hospital ☆	Winston-Salem, N. C.	S. F. Piehl	1,907 §	984	8	4	2	7/1	1-2	75.00
North Carolina Baptist Hospital ☆▲	Winston-Salem, N. C.	G. T. Harrell	1,720	7,520	84	40	15	.....	1-3	.....
Bismarck Evangelical Hospital	Bismarck, N. D.	R. B. Radl	1,070	110	84	27	1	Varies	1	115.00
†St. Luke's Hospital ☆	Fargo, N. D.	W. C. Nichols	1,832	1,567	117	43	1	7/1	1	100.00
Trinity Hospital ☆	Minot, N. D.	P. H. Rowe	549	14,413	.....	.....	1	.....	1	150.00
City Hospital ☆	Akron, Ohio	.....	3,043	.....	334	165	3	7/1	1-3	100.00
†Peoples Hospital ☆▲	Akron, Ohio	R. F. Jukes	1,265	1,058	97	34	2	7/1	1-2	100.00
St. Thomas Hospital ☆	Akron, Ohio	J. E. Monnig	1,835	1,161	112	34	2	7/1	1	125.00
†Aultman Hospital ☆▲	Canton, Ohio	H. W. Beck	3,153	.....	222	128	4	7/1	1-4	75.00
Mercy Hospital ☆	Canton, Ohio	J. D. O'Brien	2,404	.....	129	48	2	7/1	1-3	100.00
Christ Hospital ☆	Cincinnati	D. A. Tucker	1,382	6,056	141	53	4	7/1	1-3	75.00
Cincinnati General Hospital ☆▲	Cincinnati	M. A. Blankenhorn	2,380	29,963	659	304	29	7/1	1-3	.....
Deaconess Hospital ☆	Cincinnati	L. B. Owens	3,256	.....	131	29	1	1/1	1	125.00
Good Samaritan Hospital ☆	Cincinnati	G. C. Bishop	4,064	4,338	210	49	4	7/1	1-2	105.00
Jewish Hospital ☆▲	Cincinnati	R. C. Rothenberg	5,175	.....	252	126	6	7/1	1-3	75.00
City Hospital ☆▲	Cleveland	W. Scott	2,456	19,517	495	271	16	7/1	1-4	60.00
Cleveland Clinic Foundation Hospital ‡	Cleveland	R. L. Haden	918	65,691	39	38	17	7/1	1-3	100.00
Mount Sinai Hospital ☆▲	Cleveland	H. S. Applebaum	1,338	4,823	124	49	3	7/1	1	100.00
St. Alexis Hospital ☆	Cleveland	H. V. Parysek	2,433	3,108	208	69	1	7/1	1	90.00
St. John's Hospital ☆	Cleveland	C. E. Steyer	1,574	196	128	34	2	7/1	+	.....
St. Luke's Hospital ☆	Cleveland	L. Taylor	2,290	16,939	191	101	4	7/1	3	60.00
St. Vincent Charity Hospital ☆	Cleveland	C. S. Stone	1,166	12,301	55	20	3	7/1	1+	75.00
University Hospitals ☆▲	Cleveland	J. T. Wearn	3,568	16,538	321	.....	23	7/1	1+	75.00
†Mount Carmel Hospital ☆	Columbus, Ohio	P. T. Kuss	1,340	.....	121	44	1	7/1	1-2	150.00
St. Francis Hospital ☆	Columbus, Ohio	R. K. Wiseman	1,214	.....	166	47	3	.....	1	.....
Starling-Loving University Hospital ☆▲	Columbus, Ohio	R. K. Wiseman	1,685	14,850	44	28	11	7/1	1-3	30.00
White Cross Hospital ☆	Columbus, Ohio	W. F. Millhon	1,562	.....	198	66	3	7/1	1	100.00
Miami Valley Hospital ☆	Dayton, Ohio	R. K. Bartholomew	1,986 §	1,399 §	.....	.....	2	7/1	3	75.00
Huron Road Hospital ☆	East Cleveland, Ohio	E. A. Marshall	892	2,451	101	34	1	7/1	2	80.00
†Lakewood Hospital ☆	Lakewood, Ohio	J. T. Ledman	908	1,641	109	48	2	7/1	1	100.00
Maumee Valley Hospital ☆	Toledo, Ohio	N. Morris	1,826	9,093	294	102	3	7/1	1	150.00
St. Vincent's Hospital ☆▲	Toledo, Ohio	C. J. Czarnecki	2,325	5,539	175	89	1	7/1	1-3	100.00
Toledo Hospital ☆	Toledo, Ohio	J. L. Stidel	2,721	545	141	71	3	7/1	1-3	125.00
St. Elizabeth's Hospital ☆▲	Youngstown, Ohio	M. W. Nechus	2,470	1,150	248	54	1	7/1	1-3	125.00
Youngstown Hospital ☆	Youngstown, Ohio	W. H. Bunn	2,282	286	167	67	2	7/1	1-2	100.00
St. Anthony Hospital ☆	Oklahoma City	M. McNeill	2,015	.....	210	53	1	7/1	1	75.00
University Hospitals ☆▲	Oklahoma City	R. H. Bayley	750	7,624	102	39	6	7/1	1-3	33.00
†Hillcrest Memorial Hospital ☆▲	Tulsa, Okla.	J. D. Markland	1,809	.....	137	30	3	1/1	1-3	100.00
St. John's Hospital ☆	Tulsa, Okla.	S. Goodman	1,449	.....	125	19	1	Varies	1-4	125.00
†Emanuel Hospital ☆▲	Portland, Ore.	H. Bergen	1,450	.....	150	73	2	7/1	1	75.00
Good Samaritan Hospital ☆	Portland, Ore.	C. P. Wilson	2,454	.....	148	52	1	7/1	1	75.00
†Providence Hospital ☆	Portland, Ore.	M. Margason	2,999	.....	218	103	1	7/1	1-3	75.00
St. Vincent's Hospital	Portland, Ore.	L. L. Selling	461 §	.....	.....	.....	6	7/1	1-3	75.00
University of Oregon Medical School Hospitals and Clinics ▲	Portland, Ore.	H. P. Lewis	1,687	19,539	288	152	5	7/1	3	75.00
Abington Memorial Hospital ☆	Abington, Pa.	J. T. Beardwood	1,305	2,647	117	41	2	7/1	2	50.00
Bryn Mawr Hospital ☆	Bryn Mawr, Pa.	W. W. Dyer	400	.....	48	29	2	10/1	1	75.00
George F. Geisinger Memorial Hospital ☆▲	Danville, Pa.	W. J. Blainsby	2,008	15,255	125	69	2	.....	1-2	75.00
†Hamot Hospital ☆	Erie, Pa.	T. P. Tredway	939	812	109	40	1	7/1	1	100.00
†Episcopal Hospital ☆▲	Philadelphia	J. H. Arnett and G. E. Farrar	1,366	7,272	44	.....	3	.....	1	50.00
Germantown Dispensary and Hospital ☆	Philadelphia	.....	1,735	6,144	117	89	3	7/1	1-2	50.00
Graduate Hospital of the Univ. of Pennsylvania ☆	Philadelphia	G. M. Piersol	1,094	14,248	86	36	3	7/1	1-2	.....
Hahnemann Hospital ☆▲	Philadelphia	G. H. Wells	2,456	.....	332	92	4	.....	1-3	50.00
Hospital of the Univ. of Pennsylvania ☆▲	Philadelphia	F. C. Wood	3,058	.....	214	142	15	7/1	1-3	25.00
Hospital of the Woman's Medical College of Pennsylvania ☆▲	Philadelphia	W. G. Leaman	531	5,207	43	14	2	7/1	1	50.00
Jefferson Medical College Hospital ☆	Philadelphia	H. A. Reiman	2,607	11,099	196	110	9	.....	1	.....
Jewish Hospital ☆▲	Philadelphia	.....	1,793	11,754	223	119	6	7/1	1-2	50.00
†Lankenau Hospital ☆	Philadelphia	F. L. Hartmann	782	1,280	88	37	2	7/1	1-3	50.00
Mount Sinai Hospital ☆▲	Philadelphia	A. I. Rubenstone and T. H. Mendell	2,036	16,321	153	91	3	7/1	1-2	50.00
Pennsylvania Hospital ☆	Philadelphia	G. G. Duncan and T. M. McMillan	2,128	6,770	221	109	7	1/1, 7/1	1-3	20.00
Philadelphia General Hospital ☆▲	Philadelphia	.....	4,634	.....	1,032	.....	13	.....	1-3	70.00
Presbyterian Hospital ☆▲	Philadelphia	T. G. Schnabel	1,561 §	2,409 §	.....	.....	2	.....	2	50.00
Temple University Hospital ☆▲	Philadelphia	R. A. Kern	1,799	8,123	149	64	11	7/1	3	50.00
Woman's Hospital ☆	Philadelphia	.....	414	3,076	13	6	1	7/1	1	50.00
Allegheny General Hospital ☆	Pittsburgh	E. W. Willetts	2,707	8,089	66	21	2	9/1	2	100.00
Elizabeth Steel Magee Hospital ‡	Pittsburgh	J. D. Heard	1,186	399	90	25	3	7/1	1-3	41.67
Mercy Hospital ☆▲	Pittsburgh	W. W. G. Maclachlan	1,656	4,394	170	61	3	9/1	1-3	100.00
Montefiore Hospital ☆▲	Pittsburgh	L. Wechsler and L. H. Crisp	1,314	2,598	173	67	4	7/1	1-2	50.00
Presbyterian Hospital ☆▲	Pittsburgh	A. H. Colwell	1,889	.....	119	41	4	.....	1-3	41.67
St. Francis Hospital ☆▲	Pittsburgh	.....	1,832	2,302	109	50	4	7/1	3	110.00
Western Pennsylvania Hospital ☆	Pittsburgh	F. A. Evans	2,804	3,065	250	48	2	.....	1	.....
Reading Hospital ☆▲	Reading, Pa.	R. M. Alexander	1,770	877	194	83	1	7/1	1	100.00
Robert Packer Hospital ☆	Sayre, Pa.	A. D. Conklin	2,808	5,823	126	50	5	7/1	1-3	150.00
Wilkes-Barre General Hospital ☆▲	Wilkes-Barre, Pa.	G. E. Baker	2,926	5,094	242	66	1	9/1	1	100.00
†York Hospital ☆	York, Pa.	H. B. Thomas	1,101	614	256	71	1	7/1	1	200.00
Rhode Island Hospital ☆	Providence, R. I.	A. M. Burgess	2,375	.....	354	132	6	.....	1-3	50.00
Roper Hospital ☆	Charleston, S. C.	W. H. Kelley	1,055	4,557	126	37	5	7/1	1-4	25.00
Baroness Erlanger Hospital ☆	Chattanooga, Tenn.	C. R. Thomas	2,704	2,866	307	88	3	7/1	1	90.00
Knoxville General Hospital ☆	Knoxville, Tenn.	R. B. Wood	1,356	2,480	204	36	1	7/1	1-2	25.00
John Gaston Hospital ☆	Memphis, Tenn.	C. H. Sanford	2,031	20,126	409	265	11	7/1	1	.....
George W. Hubbard Hospital of Meharry Medical College ☆	Nashville, Tenn.	W. H. Grant	907	3,119	104	25	3	7/1	1-3	75.00
Nashville General Hospital ☆	Nashville, Tenn.	T. Friel	1,214	8,931	128	57	4	7/1	1-2	40.00
St. Thomas Hospital ☆	Nashville, Tenn.	W. R. Cate	1,263	.....	104	40	1	7/1	1-2	75.00

Numerical and other references will be found on page 89

8. INTERNAL MEDICINE—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated*	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered†	Beginning of Service (1948)	Length of Service Offered (Years)		Beginning Salary Offered (Month)
Vanderbilt University Hospital‡	Nashville, Tenn.	H. J. Morgan	2,369	23,124	142	79	5	7/1	1		
Baylor University Hospital‡	Dallas, Texas	H. M. Winans	1,779	2,524	164	58	4	7/1	1-3	§	$0.00
†Methodist Hospital	Dallas, Texas	R. M. Barton	1,870	1,115	135	28	2	7/1	1		75.00
Parkland Hospital‡	Dallas, Texas	T. Harrison	1,824	17,292	206	97	5	7/1	1-3		50.00
St. Paul's Hospital	Dallas, Texas	T. M. Kirksey	2,458	316	194	56	3	7/1	1-2		100.00
Harris Memorial Methodist Hospital	Fort Worth, Texas	W. S. Horn	2,462	1,564	143	51	2	*7/1	1-3		100.00
John Sealy Hospital (Univ. of Texas Medical Branch)‡	Galveston, Texas	C. T. Stone	1,501	11,050	189	123	11	.....	1-3		50.00
Hermann Hospital‡	Houston, Texas	J. A. Greene	1,543	4,278	105	48	6	.....	1-3		50.00
Jefferson Davis Hospital‡	Houston, Texas	S. McDaniel	2,299	12,927	416	104	3	7/1	1-3		50.00
Memorial Hospital	Houston, Texas	.....	.....	.....	.....	.....	3	7/1	1-3		100.00
Methodist Hospital‡	Houston, Texas	H. W. Cumming	890	242	83	38	2	7/1	1-3		75.00
Southern Pacific Hospital‡	Houston, Texas	M. D. Levy	1,025	13,862	20	6	2	.....	1-3		125.00
Scott and White Hospital	Temple, Texas	V. M. Longmire	1,939	.....	59	26	15	.....	1-3		150.00
Wichita Falls Clinic Hospital	Wichita Falls, Texas	O. B. Kiel	757	.....	22	11	1	7/1	1-2		150.00
Dr. W. H. Groves Latter-Day Saints Hospital‡	Salt Lake City	H. T. Andersen	3,077	732	273	90	2	7/1	1-3		100.00
Salt Lake General Hospital‡	Salt Lake City	M. T. Wintrobe	1,163	10,944	125	83	7	7/1	1-3		50.00
†Bishop DeGoesbriand Hospital‡	Burlington, Vt.	C. M. Terrien	858	.....	7	.....	2	1/1	1		
Mary Fletcher Hospital‡	Burlington, Vt.	F. L. Amidon	1,754	600	88	52	5	3/1, 5/1	1		100.00
Alexandria Hospital‡	Alexandria, Va.	H. A. Latane	1,276	.....	109	52	2	7/1	1-2		100.00
†Arlington Hospital	Arlington, Va.	R. Schwartz	766	.....	74	39	1	7/1	1		150.00
University of Virginia Hospital‡	Charlottesville, Va.	H. B. Mulholland	2,578	9,619	148	78	12	7/1	1-4		25.00
Chesapeake and Ohio Hospital‡	Clifton Forge, Va.	J. R. Beckwith and A. E. LeHew	3,099	5,892	56	23	2	7/1	1-2		60.00
De Paul Hospital‡	Norfolk, Va.	W. A. Martin	2,782	858	171	77	3	7/1	1		75.00
Norfolk General Hospital‡	Norfolk, Va.	W. S. Newcomb	3,774	2,870	140	39	3	7/1	1		75.00
Johnston-Willis Hospital‡	Richmond, Va.	J. M. Hutcheson	892	.....	70	42	1	7/1	1		100.00
Medical College of Virginia Hosp. Div.‡	Richmond, Va.	W. B. Porter	2,490	11,203	270	82	9	7/1	1		46.50
†Jefferson Hospital	Roanoke, Va.	G. B. Lawson	1,156	3,075	60	15	1	7/1	1		
†Lewis-Gale Hospital	Roanoke, Va.	C. D. Netzinger	1,338‖	.....	.....	.....	1	7/1	1		150.00
Doctors Hospital‡	Seattle	C. I. Krantz	1,778	.....	133	68	1	7/1	1		100.00
King County Hospital‡	Seattle	E. L. Turner	3,438	12,532	729	292	8	7/1	1-3		125.00
Providence Hospital‡	Seattle	R. F. Foster	1,611	307	102	33	1	7/1	1-2		100.00
Swedish Hospital‡	Seattle	E. G. Bannick	.....	.....	.....	.....	.....	.....	.....		
Virginia Mason Hospital‡	Seattle	L. J. Palmer	2,195	.....	129	78	6	.....	1-2		75.00
Deaconess Hospital‡	Spokane	F. W. Abrams	1,451	.....	139	63	1	7/1	2		150.00
Northern Permanente Hospital‡	Vancouver, Wash.	E. Suward	939	7,523	53	37	1	7/1	1		150.00
†Beckley Hospital	Beckley, W. Va.	D. C. Ashton	1,396	8,781	67	36	2	1/1, 7/1	1-3		150.00
†Charleston General Hospital‡	Charleston, W. Va.	W. A. Thornhill	1,903	2,291	97	52	3	7/1	1-3		125.00
Chesapeake and Ohio Hospital‡	Huntington, W. Va.	J. P. Webb	1,980‖	6,421‖	.....	.....	4	7/1	1-3		65.00
St. Mary's Hospital‡	Huntington, W. Va.	J. R. Cook	2,466	.....	185	46	1	7/1	1		100.00
†La Crosse Lutheran Hospital‡	La Crosse, Wis.	T. E. Gundersen	1,399	271	44	20	1	7/1	1		100.00
Madison General Hospital‡	Madison, Wis.	N. A. Hill	1,162	.....	112	52	1	7/1	1-3		50.00
State of Wisconsin General Hospital‡	Madison, Wis.	O. O. Meyer	3,149	7,187	95	80	16	7/1	3		25.00
†St. Joseph Hospital	Marshfield, Wis.	K. H. Doege	.....	.....	.....	.....	3	1/1, 7/1	1-3		200.00
Columbia Hospital‡	Milwaukee	F. W. Mason	1,160	.....	94	58	2	7/1	3		50.00
Milwaukee County Hospital‡	Milwaukee	J. J. Shaiken	6,630	16,206	877	245	22	Varies	1-3		82.50
†Milwaukee Hospital	Milwaukee	J. Huston	1,730	.....	113	58	2	7/1	1-3		70.00
Mount Sinai Hospital‡	Milwaukee	R. A. Frisch	1,180	2,719	123	41	2	7/1	1-2		75.00
St. Joseph's Hospital	Milwaukee	A. Kustermann	3,089‖	.....	.....	.....	1	1/1	1-3		75.00
Queens Hospital‡	Honolulu, Hawaii	H. C. Gotshalk	2,473	.....	186	90	6	4/1, 7/1	1-3		100.00

9. MALIGNANT DISEASES

Hospitals, 27; Assistant Residencies and Residencies, 107

Name of Hospital	Location	Chief of Service	Inpatients Treated*	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered†	Beginning of Service (1948)	Length of Service Offered (Years)		Beginning Salary Offered (Month)
Veterans Administration											
Veterans Admin. Hospital	Hines, Ill.	I. Ariel	1,406	.....	239	123	1	.....	1-3		$273.00
Nonfederal											
Cellis P. and Howard Huntington Memo. Hospital‡	Pasadena, Calif.	G. S. Sharp	560	.....	67	45	1	1/1	1-3		110.00
Grady Memorial Hospital‡	Atlanta, Ga.	C. Stewart	373	18,169	33	15	1	7/1	1		30.00
Michael Reese Hospital‡	Chicago	E. Uhlmann	.....	906	.....	.....	3	7/1	1-3		80.00
Massachusetts General Hospital	Boston		(Included in Surgery)				1	.....	1		.....
New England Deaconess Hospital	Boston	L. S. McKittrick	.....	.....	.....	.....	2	4/1, 7/1	1		75.00
Pondville Hospital	Walpole, Mass.	E. M. Daland	823	7,920	41	33	8	.....	1		300.00
Westfield State Sanatorium‡	Westfield, Mass.	F. S. Hopkins	585	7,601	31	23	3	7/1	1-3		255.00
Wayne County General Hospital and Infirmary‡	Eloise, Mich.	R. V. Walker	610	467	166	56	1	7/1	1		$16.25
University Hospital‡	Minneapolis	O. H. Wangensteen	78	68	.....	.....	3	7/1	1-3		113.00
Ellis Fischel State Cancer Hospital‡	Columbia, Mo.	.....	1,116	5,058	46	38	11	7/1	1-3		80.00
Barnard Free Skin and Cancer Hospital	St. Louis	C. F. Sherwin	683	10,784	13	7	3	1/1, 7/1	1		300.00
Jersey City Hospital‡	Jersey City, N. J.	J. B. Faison	361	2,452	94	17	1	Varies	1-3		35.00
Brooklyn Cancer Institute‡	Brooklyn	W. E. Howse	865	7,660	235	55	6	1/1	1-4		.....
Roswell Park Memorial Institute‡	Buffalo	G. L. Sheehan	1,944	26,143	89	89	6	7/1	1-4		300.00
Meadowbrook Hospital	Hempstead, N. Y.	J. W. McChesney	437	4,048	90	44	1	7/1	1		115.00
Memorial Hospital‡	New York City	C. P. Rhoads	5,320‖	76,614‖	.....	.....	22	1/1, 7/1	1		15.00
Montefiore Hospital for Chronic Diseases	New York City	D. Laszlo	680	.....	344	179	4	1/1, 7/1	1		50.00
New York Cancer Institute Hospital‡	New York City	T. A. Morrissey	933	5,467	536	185	10	1/1, 7/1	1-3		100.00
Duke Hospital‡	Durham, N. C.	(Included in Medicine)					3	7/1	1		83.33
American Oncologic Hospital‡	Philadelphia	G. M. Dorrance	293	7,367	33	19	9	7/1	1-5		100.00
Jeanes Hospital‡	Philadelphia	A. E. Bothe	1,258	7,544	72	35	3	1/1, 7/1	1-3		100.00

Numerical and other references will be found on page 89

10. NEUROLOGICAL SURGERY

The following services are approved by the Council and the American Board of Neurological Surgery
Hospitals, 57; Assistant Residencies and Residencies, 138

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered[b]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Veterans Administration										
†Veterans Admin. Hospital[1]	San Francisco	O. W. Jones, Jr.	207	390	11	10	2	7/1	1-3	$275.00
†Veterans Admin. Hospital	Chamblee, Ga.	R. T. Shields	430	.....	20	12	2	7/1	1-3	275.00
†Veterans Admin. Hospital	Hines, Ill.	L. Davis	398	.....	40	25	4	.....	1-3	275.00
†Veterans Admin. Hospital	White River Jct. Vt.	H. L. Heyl	151	.....	.....	.....	1	8/1	1	275.00
Nonfederal										
Jefferson-Hillman Hospital[c]	Birmingham, Ala.	G. Galbraith	816	228	49	31	2	7/1	1-2	50.00
Los Angeles County Hospital[c]	Los Angeles	C. W. Rand	2,892	1,204	260	34	3	Varies	3	165.00
†White Memorial Hospital	Los Angeles	W. T. Grant	322	.....	18	15	1	.....	1-3	147.33
Franklin Hospital[c]	San Francisco	H. A. Brown	689	.....	20	13	2	7/1	1	100.00
University of California Hospital[c]	San Francisco	H. C. Naffziger	535	.....	14	8	2	Varies	1	50.00
Hartford Hospital[c]	Hartford, Conn.	.....	740	391	46	37	2	7/1	1-3	.....
Grace-New Haven Community Hospital										
†New Haven Unit (University Service)[c,23]	New Haven, Conn.	W. German	480	328	46	32	2	7/1	1	40.00
St. Vincent's Hospital[c]	Jacksonville, Fla.	J. G. Lyerly	280	.....	16	9	1	7/1	1	100.00
†Emory University Hospital[c]	Emory University, Ga.	E. F. Fincher	401	.....	16	9	1	7/1	1	50.00
Chicago Memorial Hospital[c]	Chicago	P. C. Bucy	353	975	17	12	2	7/1	1-3	200.00
Illinois Neuropsychiatric Institute[3]	Chicago	E. Oldberg	.....	.....	.....	.....	3	7/1	1-3	55.00
Mercy Hospital-Loyola University Clinics[c]	Chicago	H. C. Voris	285	172	24	12	1	7/1	1	25.00
Passavant Memorial Hospital[c,1]	Chicago	L. Davis	343[b]	.....	.....	.....	1	.....	.....	.....
Presbyterian Hospital[c]	Chicago	A. Verbrugghen	199	208	11	7	1	.....	1-3	25.00
St. Luke's Hospital[c,1]	Chicago	E. Oldberg	.....	502	.....	.....	1	7/1	1	25.00
University of Chicago Clinics[c]	Chicago	T. B. Rasmussen	295	1,172	16	12	1	7/1	1+	25.00
†University of Kansas Hospitals[c]	Kansas City, Kan.	.....	272	.....	22	14	.....	.....	.....	.....
†Louisville General Hospital[c,17]	Louisville, Ky.	R. G. Spurling	236	.....	38	15	2	.....	1-2	.....
†Foundation Hospital	New Orleans	D. H. Echols	177	1,548	13	4	2	.....	3	150.00
Johns Hopkins Hospital[c]	Baltimore	A. E. Walker	596	.....	34	18	4	.....	1	.....
†University Hospital[c]	Baltimore	C. Bagley, Jr.	427	442	38	28	2	7/1	1-2	75.00
Boston City Hospital[c]	Boston	D. Munro	309	.....	80	10	2	.....	.....	66.67
Lahey Clinic	Boston	G. Horrax	1,000[d]	2,500[b]	.....	.....	5	.....	1	.....
Massachusetts General Hospital[c]	Boston	J. C. White	263[b]	.....	.....	.....	5	.....	1-3	41.67
†University Hospital[c]	Ann Arbor, Mich.	M. M. Peet	935	2,039	71	49	1	7/1	1-5	111.40
†Grace Hospital[c]	Detroit	E. S. Gurdjian	447	180	36	23	1	7/1	1-5	125.00
Henry Ford Hospital[c]	Detroit	A. S. Crawford	298	1,625	32	18	3	7/1	1-3	200.00
University Hospitals[c]	Minneapolis	W. T. Peyton	219	521	18	14	4	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn.	**W. McK. Craig**	(See page 89)				8	.....	.....	.....
Barnes Hospital[c]	St. Louis	H. Schwartz	469	.....	37	25	1	7/1	1-5	25.00
University of Nebraska Hospital[c]	Omaha	J. J. Keegan	41	.....	6	5	1	7/1	1-3	50.00
Albany Hospital[c]	Albany, N. Y.	E. H. Campbell	720	120	25	20	2	7/1	1	41.66
Jewish Hospital[c]	Brooklyn	J. Soris and I. Tarlov	236	317	29	19	2	1/1	1-2	100.00
Kings County Hospital[c]	Brooklyn	J. Browder	3,290	1,461	304	158	3	7/1	1-3	50.00
Buffalo General Hospital	Buffalo	W. B. Hamby	319	94	27	17	2	7/1	1-4	25.00
Bellevue Hospital, Div. III—N. Y. Univ.[c]	New York City	(Included in Surgery)					2	.....	1	.....
Montefiore Hospital for Chronic Diseases[c]	New York City	L. M. Davidoff	434	.....	63	32	4	1/1, 7/1	1	50.00
†Mount Sinai Hospital[c]	New York City	156[b]					1	.....	1	70.00
Neurological Institute	New York City	(See Presbyterian Hospital)					.....	.....	.....	.....
Presbyterian Hospital[c,2]	New York City	J. E. Scarff	3,670	15,109	127	.....	6	.....	1-2	41.66
Strong Memorial and Rochester Municipal Hospitals[c]	Rochester, N. Y.	W. P. Van Wagenen	220	204	.....	.....	1	7/1	1-2	66.66
†Christ Hospital[c]	Cincinnati	F. H. Mayfield	250	.....	16	5	1	7/1	1	75.00
Cincinnati General Hospital[c]	Cincinnati	(Included in Surgery)					2	.....	1	.....
Cleveland Clinic Foundation Hospital[1]	Cleveland	W. J. Gardner	831	7,424	69	44	3	7/1	1-3	100.00
White Cross Hospital[c]	Columbus, Ohio	H. E. LeFever	644	.....	61	40	1	7/1	1-2	100.00
†University Hospitals[c]	Oklahoma City	H. Wilkins	.....	441	.....	.....	1	7/1	1-2	35.00
†University of Oregon Medical School Hospitals and Clinics[c,26]	Portland, Ore.	J. Raaf	(Included in Surgery)				1	7/1	3	75.00
Hospital of the Univ. of Pennsylvania[c]	Philadelphia	F. C. Wood	3,058	.....	214	142	15	7/1	1-3	25.00
Temple University Hospital[c]	Philadelphia	M. Scott	513	1,494	47	19	1	7/1	3	50.00
Baptist Memorial Hospital[c]	Memphis, Tenn.	R. E. Semmes	926	278	46	17	1	7/1	1	75.00
Vanderbilt University Hospital[c]	Nashville, Tenn.	C. Pilcher	(Included in Surgery)				2	.....	1	.....
†Methodist Hospital[c]	Houston, Texas	J. Greenwood, Jr.	382	.....	7	3	1	Varies	1-3	75.00
University of Virginia Hospital[c]	Charlottesville, Va.	W. G. Crutchfield	716	685	50	29	3	7/1	1-3	50.00
Medical College of Virginia, Hosp. Div.[c]	Richmond, Va.	C. C. Coleman	1,087	433	80	25	4	7/1	1	46.50

11. NEUROLOGY

The following services are approved by the Council and the American Board of Psychiatry and Neurology
(See footnotes 1, 2, and 3 for number of years credit)
Hospitals, 62; Assistant Residencies and Residencies, 200

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered[b]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army										
†Letterman General Hospital[c]	San Francisco	E. B. Litteral	285	311	..	..	5	1/1	1-3	a
Walter Reed General Hospital[c]	Washington, D.C.	B. E. Smith	878	1,050	1	1	3	.....	1	a
†Percy Jones General Hospital[c]	Battle Creek, Mich.	N. R. Cook	1,651	174	..	..	1	1/1, 7/1	1-2	a
Brooke General Hospital[c]	San Antonio, Texas	R. E. Chambers	338	1,270	2	2	1	1/1	1-3	a
United States Navy										
†U. S. Naval Hospital[c]	Bethesda, Md.	G. N. Raines	265	600	6	5	4	Varies	1-3	a
Veterans Administration										
†Veterans Admin. Hospital[1]	Van Nuys, Calif.	H. N. Roback	395	250	18	11	1	1/1, 7/1	3	$275.00
Veterans Admin. Hospital[2]	Hines, Ill.	L. J. Pollock	509	.....	50	29	6	Varies	1-3	275.00
†Veterans Admin. Hospital[3]	Topeka, Kans.	.....	.....	.....	.....	.....	3	.....	1-2	275.00
†Veterans Admin. Hospital[1]	Louisville, Ky.	.....	1,103	.....	38	..	2	7/1	1	275.00
†Veterans Admin. Hospital[1]	Boston	S. Tartakoff	824	174	14	11	2	4/1	1	275.00
†Veterans Admin. Hospital[1]	Framingham, Mass.	F. A. Quadflieg	398	.....	2	2	5	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	Minneapolis	A. B. Baker and J. R. Brown	425	.....	34	17	6	.....	1	275.00
†Veterans Admin. Hospital[1]	New York City	H. Flowers	516	875	38	12	7	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Cleveland	R. K. Kalina	284	.....	18	9	4	7/1	1-3	275.00

Numerical and other references will be found on page 89

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11. NEUROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Nonfederal										
Los Angeles County Hospital	Los Angeles	S. D. Ingham	2,125	2,573	899	194	2	Varies	2	$165.00
†University of California Hospital	San Francisco	R. B. Aird	....	2,466	..	..	3	Varies	1	50.00
Gallinger Municipal Hospital	Washington, D. C	W. Freeman	483	....	43	20	2	7/1	1-2	75.00
George Washington University Hospital	Washington, D. C	W. Freeman	73	371	2	1	2	....	....	....
†Cook County Hospital	Chicago	J. A. Luhan	835	2,179	96	..	2	1/1, 7/1	1-3	37.50
†Illinois Neuropsychiatric Institute	Chicago	E. Oldberg	650	6,735	48	34	3	7/1	1-3	55.00
St. Luke's Hospital	Chicago	R. P. MacKay	263	476	9	4	1	7/1	1-3	25.00
University of Chicago Clinics	Chicago	R. B. Richter	143	2,499	5	3	1	7/1	1-2	25.00
†Methodist Hospital	Indianapolis	E. R. Smith	315	....	10	6	1	7/1	1-2	200.00
University Hospitals	Iowa City	A. L. Saha	1,204	1,155	32	17	3	7/1	1	50.00
Charity Hospital of Louisiana	New Orleans	....	859	8,350	36	11	5	7/1	1-3	25.00
Baltimore City Hospitals	Baltimore	J. W. Magladery	....	....	..	..	1	7/1	1	35.00
Boston City Hospital	Boston	D. E. Denny-Brown	95	4,174	28	18	2	....	1	66.67
†Joseph H. Pratt Diagnostic Hospital	Boston	R. D. Adams	905	457	..	..	2	1/1, 7/1	1	83.33
Massachusetts General Hospital	Boston	E. S. Kubik	2506	6,858	..	..	2	7/1	1-3	41.67
University Hospital	Ann Arbor, Mich	C. Camp	491	3,874	23	12	2	7/1	1-3	111.40
Henry Ford Hospital	Detroit	G. O. Grain	(Included in Psychiatry)				3	7/1	1-3	200.00
Wayne County General Hospital and Infirmary	Eloise, Mich	R. T. Costell	1,456	1,092	58	18	1	7/1	1	216.25
†University Hospitals	Minneapolis	A. B. Baker	688	3,927	59	49	9	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn	H. W. Woltman	(See page 89)				10	....	1-3	....
†Barnes Hospital	St. Louis, Mo	E. F. Gildea	358	....	9	6	4	7/1	1-3	25.00
Homer G. Phillips Hospital	St. Louis	E. F. Gildea	813	1,230	78	10	1	7/1	1	50.00
†Albany Hospital	Albany, N.Y	S. E. Barrera	....	....	..	..	1	7/1	1-3	40.00
Brooklyn Hospital	Brooklyn	E. J. Browder	292	....	..	..	2	7/1	1	25.00
†Jewish Sanitarium and Hosp. for Chronic Diseases	Brooklyn	A. M. Rabiner	317	....	52	13	2	....	1	150.00
Kings County Hospital	Brooklyn	H. R. Merwarth	2,997	2,411	558	70	4	7/1	1-2	50.00
†Buffalo General Hospital	Buffalo	W. B. Hamby	170	430	10	5	2	7/1	1-3	25.00
Bellevue Hosp., Div. II—Cornell Univ	New York City	F. Kennedy	4004	5,500	..	..	3	7/1	1-3	45.00
Bellevue Hosp., Div. III—N. Y. Univ.	New York City	S. B. Wortis	2,400	1,000	..	..	4	7/1	1	45.00
Goldwater Memorial Hospital	New York City	E. G. Zabriskie and B. Dattner	660	484	98	28	6	7/1	1	70.00
Lenox Hill Hospital	New York City	T. K. Davis	366	....	17	12	1	Varies	1-2	50.00
Metropolitan Hospital	New York City	S. P. Jewett	59	1,529	14	3	1	1/1	1-2	120.00
Montefiore Hospital for Chronic Diseases	New York City	H. H. Merritt	492	3,111	35	21	5	1/1, 7/1	1	50.00
Morrisania City Hospital	New York City	N. Bavitsky	(Included in Medicine)				2	7/1	1	60.00
Mount Sinai Hospital	New York City	....	....	....	..	..	5	1/1, 7/1	1+	50.00
Neurological Institute	New York City	....	(See Presbyterian Hospital)							
New York City Hospital	New York City	H. V. Wiltbank	539	1,167	148	50	2	7/1	1	130.00
Presbyterian Hospital	New York City	E. G. Zabriskie	(See Neurological Surgery)							
							13	....	1-2	41.66
†St. Vincent's Hospital	New York City	C. G. de Gutierrez-Mahoney	673	530	55	31	3	7/1	1-2	50.00
†Rochester General Hospital	Rochester, N. Y	G. R. Lavine and G. W. Prew	....	203	..	..	1	7/1	1	60.00
Duke Hospital	Durham, N. C	R. Graves	198	765	3	3	3	7/1	1	83.33
Cincinnati General Hospital	Cincinnati	C. Aring	(Included in Internal Med.)				2	....	1	....
†Cleveland Clinic Foundation Hospital	Cleveland	L. J. Karnosh	41	3,940	1	..	2	7/1	1	100.00
Hospital of the Univ. of Pennsylvania	Philadelphia	G. D. Gammon	550	2,651	11	9	2	Varies	1-2	50.00
Jefferson Medical College Hospital	Philadelphia	B. J. Alpers	546	2,608	14	11	3	....	1-3	....
†Philadelphia General Hospital	Philadelphia	....	1,825	....	599	..	3	....	1-3	70.00
Temple University Hospital	Philadelphia	S. F. Gilpin	148	....	3	2	1	7/1	2	50.00
†St. Francis Hospital	Pittsburgh	R. R. O'Toole	....	....	..	..	1	....	1	....
†Galveston State Psychopathic Hospital (University of Texas Medical Branch)	Galveston, Texas	J. R. Ewalt	1,449	2,667	16	13	10	9/1	1	200.00

12. OBSTETRICS AND GYNECOLOGY

The following services are approved by the Council and the American Board of Obstetrics and Gynecology
(See footnotes 1, 2 and 3 for number of years credit)
Hospitals, 336; Assistant Residencies and Residencies, 1,145

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated OB	Inpatients Treated Gyn	Outpatient Visits OB	Outpatient Visits Gyn	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army											
Fitzsimons General Hospital	Denver	J. H. Forsee	OBG†	750	500	9,505	800	3	1/1	1	a
Walter Reed General Hospital	Washington, D. C	J. E. Rains and H. L. Rives	OBG	2,326	594	9,101	2,202	5	1/1	1-2	a
Brooke General Hospital	San Antonio, Texas	J. W. Simpson	OBG†	2,247	589	13,670	8,160	3	1/1	1-3	a
United States Navy											
U. S. Naval Hospital	Long Beach, Calif	R. E. Crowder	OBG	1,562	750	13,064	7,979	2	Varies	1	a
U. S. Naval Hospital	Oakland, Calif	....	OBG	1,403	....	....	....	1	....	1	a
U. S. Naval Hospital	San Diego, Calif	H. H. Hill	OBG	2,108	1,056	16,961	10,745	1	Varies	1-2	a
U. S. Naval Hospital	Great Lakes, Ill	L. M. Harris	OBG	447	218	5,628	3,898	3	Varies	1-2	a
U. S. Naval Hospital	Annapolis, Md	J. W. Miller	OBG	557	81	3,998	956	2	Varies	1	a
U. S. Naval Hospital	Bethesda, Md	P. Peterson	OBG†	892	453	....	1,236	2	Varies	1-3	a
U. S. Naval Hospital	Chelsea, Mass	....	OBG	993	....	....	....	1	....	1-2	a
U. S. Naval Hospital	Brooklyn	E. B. Hopper	OBG	927	291	6,736	1,824	1	....	1	a
U. S. Naval Hospital	Philadelphia	F. B. Smith	OBG	951	....	10,532	....	3	Varies	1-3	a
U. S. Naval Hospital	Portsmouth, Va	....	OBG	1,051	....	....	....	1	....	1	a
Nonfederal											
Jefferson-Hillman Hospital	Birmingham, Ala	W. N. Jones and J. R. Garber	OBG	3,757	1,306	9,992	5,862	3	7/1	1-2	$ 50.00
Norwood Hospital	Birmingham, Ala	T. M. Boulware	OB†	1,762	.....	8,434	.....	1	7/1	3	100.00
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company	Fairfield, Ala	O. T. West	OB	1,930	.....	10,845	.....	3	7/1	1-3	200.00

Numerical and other references will be found on page 89.

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated		Outpatient Visits		Asst., Res. and Residencies Offered	Beginning of Service (1940)	Length of Service Offered (Years)	Beginning Stipend (Month)
				OB	Gyn	OB	Gyn				
St. Vincent Infirmary	Little Rock, Ark.	C. D. Rodgers	OB†	2,005	.....	.....	.....	2	7/1	1	$50.00
		J. H. Sanderlin	Gyn†	.....	1,077	.....	.....	2	7/1	1	50.00
University Hospitals	Little Rock, Ark.	E. T. Ellison	OBG†	1,401	486	10,152	4,293	2	7/1	1	50.00
San Joaquin General Hospital	French Camp, Calif.	S. Hanson	OBG	1,376	307	7,047	1,430	1	7/1	1	200.00
California Hospital	Los Angeles	G. W. Hewitt	OB	2,832	.....	671	.....	5	7/1	3	100.00
Los Angeles County Hospital	Los Angeles	B. J. Hanley	OBG	7,900	1,817	2,718	5,864	6	Varies	3+	165.00
Presbyterian Hospital-Olmsted Memorial	Los Angeles	J. C. Irwin	OB†	2,577	.....	.....	.....	1	7/1	1	45.00
Queen of Angeles Hospital	Los Angeles	A. M. McCarthy	OBG	5,318	1,726	.....	.....	3	7/1	3	100.00
White Memorial Hospital	Los Angeles	R. J. Thompson	OBG	2,011	870	11,458	.....	4	.....	1-3	147.33
Highland-Alameda County Hospital	Oakland, Calif.	T. F. Bell	OBG	1,661	499	.....	.....	2	.....	1	130.00
Permanente Foundation Hospital	Oakland, Calif.	R. W. King	OBG	2,208	1,308	16,476	.....	3	7/1	1	125.00
Samuel Merritt Hospital	Oakland, Calif.	C. C. Hall and W. Mills	OBG†	2,885	705	.....	.....	1	7/1	1-2	110.00
Collis P. and Howard Huntington Memorial Hospital	Pasadena, Calif.	W. C. Rogers	OBG	2,448	787	12	46	1	7/1	1	85.00
Mercy Hospital	San Diego, Calif.	C. R. Kennedy	OB†	4,726	.....	.....	.....	3	7/1	1	100.00
San Diego County General Hospital	San Diego, Calif.	W. B. McGee	OBG†	666	628	3,341	.....	3	7/1	1	187.00
Children's Hospital	San Francisco	H. A. Stephenson	OBG	3,048	623	.....	.....	2	7/1	1	50.00
Mary's Help Hospital	San Francisco	C. L. Cooley	OBG†	1,942	420	2,267	939	2	7/1	1	150.00
St. Mary's Hospital	San Francisco	P. H. Arnott	OB	2,692	.....	.....	.....	2	.....	1	100.00
San Francisco Hospital	San Francisco	W. G. Moore	OBG	2,119	669	.....	.....	4	.....	1	175.00
Stanford University Hospitals	San Francisco	C. E. McLennan	OBG	2,969	992	16,383	.....	6	7/1	3	50.00
University of California Hospital	San Francisco	H. F. Traut	OBG	1,182	884	6,761	7,312	10	Varies	1-3	50.00
Santa Clara County Hospital	San Jose, Calif.	A. Shufelt	OBG	509	.....	.....	.....	1	7/1	1-2	180.00
University of Colorado Medical Center											
Colorado General Hospital	Denver	E. S. Taylor	OBG	752	333	4,107	2,665	3	Varies	1-3	75.00
Denver General Hospital [28]	Denver	S. Taylor	OBG†	791	632	2,021	598	1	1/1	1	50.00
Bridgeport Hospital	Bridgeport, Conn.	C. Griswold	OB†	2,778	.....	846	.....	1	.....	.....	.....
Hartford Hospital	Hartford, Conn.	.....	OBG†	6,419	2,035	4,404	359	3	7/1	1-3	.....
New Britain General Hospital	New Britain, Conn.	D. A. Bristoll	OBG†	1,860	613	110	.....	2	7/1	1	50.00
Grace-New Haven Community Hospital											
Grace Unit	New Haven, Conn.	H. B. Perrins	OBG	2,276	579	.....	.....	3	7/1	3	40.00
New Haven Unit (University Service)	New Haven, Conn.	H. Thoms	OBG	2,254	882	10,403	.....	4	7/1	1	40.00
Hospital of St. Raphael	New Haven, Conn.	C. E. Johnson	OB	2,749	.....	700	.....	2	7/1	1	75.00
Lawrence and Memorial Assoc. Hospitals	New London, Conn.	C. G. Barnum	OBG†	1,998	.....	.....	.....	4	7/1	1	105.00
Columbia Hospital for Women and Lying-in Asylum	Washington, D. C.	.....	OBG	4,252	1,369	8,720	4,090	8	1/1, 7/1	1½-3	None
Doctors Hospital	Washington, D. C.	J. D. Wynkoop	OBG	2,263	1,003	.....	.....	2	7/1	1	.....
Freedmen's Hospital	Washington, D. C.	J. W. Ross	OBG	1,339	1,196	6,900	3,187	3	7/1	1-3	116.66
Gallinger Municipal Hospital	Washington, D. C.	.....	OBG	6,183	611	4,611	2,755	6	7/1	1-2	75.00
Garfield Memorial Hospital	Washington, D. C.	H. P. Parker and H. L. Darner	OBG	3,752	654	3,734	952	6	7/1	1-3	35.00
Georgetown University Hospital	Washington, D. C.	A. A. Marchetti	OBG†	2,058	907	.....	.....	2	7/1	1-3	50.00
George Washington University Hospital	Washington, D. C.	J. L. Parks	OBG†	1,056	389	416	194	4	7/1	1-2	50.00
Providence Hospital	Washington, D. C.	G. J. Ellis	OBG(j)†	3,829	996	1,852	803	1	7/1	1-2	75.00
Sibley Memorial Hospital	Washington, D. C.	J. Katz	OB	1,825	.....	.....	.....	1	7/1	1-2	75.00
St. Luke's Hospital	Jacksonville, Fla.	S. R. Norris	OB†	1,963	.....	960	.....	2	7/1	1	125.00
Crawford W. Long Memorial Hospital	Atlanta, Ga.	C. S. Gibson	OBG	6,134	1,374	3,740	81	10	7/1	1-2	75.00
Grady Memorial Hospital	Atlanta, Ga.	J. B. Cryan	OBG	3,754	930	31,122	13,111	12	7/1	1-3	20.00
St. Joseph's Infirmary	Atlanta, Ga.	B. H. Boyd	OB†	1,443	.....	.....	.....	3	7/1	1-3	60.00
University Hospital	Augusta, Ga.	R. Turpin	OBG	3,185		6,758		1	7/1	1-2	40.00
Augustana Hospital	Chicago	W. H. Browne	OBG†	1,121	606	841	1,175	1	7/1	1-3	50.00
Chicago Lying-in Hospital and Dispensary	Chicago	.....	.....	(See University of Chicago Clinics)							
Chicago Maternity Center	Chicago	B. E. Tucker	OB	3,080	.....	8,591	.....	35	1/1	1	75.00
Cook County Hospital	Chicago	J. E. Fitzgerald	OB	10,410	.....	11,228	.....	12	1/1, 7/1	1-3	27.50
Grant Hospital	Chicago	W. A. Stuhr	OBG(j)†	1,473	.....	.....	.....	1	7/1	1-3	125.00
Henrotin Hospital	Chicago	E. L. Cornell	OB	1,651	.....	.....	.....	1	7/1	1-2	100.00
Illinois Masonic Hospital	Chicago	F. J. Ross	OBG	1,411	597	.....	.....	1	.....	1	.....
Lewis Memorial Maternity Hospital	Chicago	H. E. Schmitz	OBG	1,772	602	.....	.....	6	7/1	1-5	50.00
Lutheran Deaconess Home and Hospital	Chicago	.....	OB†	1,757	.....	.....	.....	1	7/1	1	100.00
Mercy Hospital-Loyola Univ. Clinics	Chicago	H. E. Schmitz	OBG	1,169	986	.....	2,835	2	7/1	1	25.00
Michael Reese Hospital	Chicago	I. Stein	OBG	2,326	1,519	.....	1,756	5	1/1, 7/1	3	25.00
Mount Sinai Hospital	Chicago	H. Buxbaum and A. E. Kanter	OBG	1,898	559	819	537	1	7/1	1-2	50.00
Passavant Memorial Hospital	Chicago	J. I. Brewer	Gyn	.....	630	.....	.....	2	.....	3	60.00
Presbyterian Hospital	Chicago	E. D. Allen	OBG	3,447		2,708		6	Varies	1-3	25.00
Provident Hospital	Chicago	F. Santos and W. Tate	OBG	1,762	787	2,718	1,704	7	7/1	1-3	50.00
Ravenswood Hospital	Chicago	W. G. Rurik	OBG	1,750	508	260	260	4	7/1, 9/1	1-2	50.00
Research and Educational Hospitals	Chicago	F. H. Falls	OB	1,042	.....	9,625	.....	5	7/1	1-3	55.00
St. Anne's Hospital	Chicago	R. J. Hawkins	OB	3,088	.....	.....	.....	3	1/1	1½-3	125.00
St. Elizabeth Hospital	Chicago	J. R. Lavieri	OBG†	2,697	712	.....	.....	3	.....	3	60.00
St. Joseph Hospital	Chicago	C. J. Gaeger	OB	1,593	.....	.....	.....	1	.....	1	.....
		C. Geiger	Gyn	.....	793	.....	.....	1	.....	1	.....
St. Luke's Hospital	Chicago	H. O. Jones	OBG	1,684	970	4,405	1,807	4	7/1	1-3	25.00
St. Mary of Nazareth Hospital	Chicago	M. Urnanski	OBG†	2,859	476	8,126	1,428	1	.....	1	125.00
St. Vincent's Infant and Maternity Hospital	Chicago	H. E. Schmitz	OB	492	.....	2,910	.....	1	7/1	1	50.00
Swedish Covenant Hospital	Chicago	G. L. Rosene and R. A. Lifvendahl	OBG†	2,277	600	303	.....	1	1/1	1-2	125.00
University of Chicago Clinics	Chicago	W. J. Dieckmann	OBG	5,017	850	29,771	10,068	8	7/1	1-3	25.00
Wesley Memorial Hospital	Chicago	G. H. Gardner	OB	1,798	.....	.....	.....	2	1/1, 7/1	1-3+	25.00
		G. H. Gardner	Gyn	.....	963	.....	.....	1	1/1, 7/1	1-3+	25.00
Women and Children's Hospital	Chicago	L. Nadelhoffer M. Williams	OB(G)†	1,650	624	1,132	1,595	1	1/1, 7/1	1-3	75.00

Numerical and other references will be found on page 89

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12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated		Outpatient Visits		Asst. Res. and Fellowships Offered	Beginning of Service (1948)	Length of Service Required (Years)	Beginning Stipend (Month)
				OB	Gyn	OB	Gyn				
Evanston Hospital[a3]	Evanston, Ill.	D. D. Danforth	OBG	1.735	745	1.031	502	3	.....	3	$ 50.00
St. Francis Hospital[a2]	Evanston, Ill.	J. X. Brenner and E. C. McGill	OBG	2.758	744	.....	.....	1	10/1	1	75.00
Little Company of Mary Hospital[a2]	Evergreen Park, Ill.	P. Lawler	OB	3.523	.....	.....	.....	2	1/1	1	100.00
West Suburban Hospital[a2]	Oak Park, Ill.	F. H. Falls	OBG	4.088	1.099	.....	.....	3	7/1	1-2	100.00
St. Francis Hospital[a2 4]	Peoria, Ill.	W. A. Michael	OBG	3.322	814	328	349	2	4/1, 9/1	1-3	150.00
Indianapolis General Hospital[a2 4]	Indianapolis	F. J. Hudson and J. W. Hofmann	OBG	1.603	1.050	8.021	2.924	3	7/1	1-3	70.00
Indiana University Medical Center[a2 4]	Indianapolis	C. P. Huber	OB	2.083	.....	3.529	.....	3	7/1	3	33.33
Methodist Hospital[a2 4]	Indianapolis	W. Smith	OB	5.608	.....	.....	.....	2	7/1	1-2	200.00
St. Elizabeth Hospital[a2]	La Fayette, Ind.	F. W. Peyton	OBG†	1.231	.....	.....	.....	4	7/1	1-2	100.00
University Hospitals[a2 4]	Iowa City	E. D. Plass	OBG	.....	1.025	.....	2.171	8	7/1	1	50.00
University of Kansas Hospitals[a2]	Kansas City, Kan.	L. A. Calkins	OBG	1.190	626	5.613	3.284	4	.....	1-3	.....
St. Francis Hospital[a2]	Wichita, Kan.	R. A. West	OBG	2.303	.....	1.511	.....	1	7/1	1-3	100.00
Louisville General Hospital[a2]	Louisville, Ky.	S. H. Starr and W. O. Johnson	OBG	1.800	380	10.689	6.548	5	7/1	1	45.00
St. Joseph Infirmary[a2]	Louisville, Ky.	E. R. Cadden	OBG†	2.847	.....	.....	.....	1	7/1	1-3	75.00
Charity Hospital of Louisiana[a2 4]	New Orleans		OBG	8.145	3.898	51.600	26.689	20	7/1	1-3	25.00
Touro Infirmary[a2]	New Orleans	W. E. Levy	OB	2.337	.....	4.285	.....	2	7/1	1	17.50
		C. Tyrone	Gyn	.....	1.492	.....	1.663	2	7/1	1	17.50
Shreveport Charity Hospital[a4]	Shreveport, La.	C. R. Mays	OB†	3.312	.....	.....	.....	2	7/1	1-3	60.00
Baltimore City Hospitals[a2 4]	Baltimore	L. C. Douglass	OB	2.092	.....	.....	.....	3	7/1	1	35.00
Bon Secours Hospital[a2 4]	Baltimore	H. B. McNally and E. Novak	OBG†	1.335	841	451	568	3	4/1	1-3	75.00
Franklin Square Hospital[a2 4]	Baltimore	I. A. Siegel and W. J. Rysanek, Jr.	OB(G†)	2.172	588	1.744	624	3	7/1	1-4	75.00
Hospital for Women[a2 4]	Baltimore	J. Berland	OB	1.642	.....	3.211	.....	3	7/1	1	75.00
Johns Hopkins Hospital[a2 4]	Baltimore	N. J. Eastman	OB	3.532	.....	17.887	.....	9	.....	3	.....
		R. TeLinde	Gyn	.....	2.328	.....	12.344	6	.....	3	.....
Maryland General Hospital[a2]	Baltimore	K. B. Boyd and E. H. Khoman	OBG	1.218	425	296	48	3	7/1	1-3	50.00
Mercy Hospital[a2]	Baltimore		OBG	1.688	906	.....	.....	4	.....	1-3	50.00
Provident Hospital and Free Disp.[a2 4]	Baltimore	L. H. Douglass	OB	1.275	.....	2.961	.....	1	.....	1	.....
St. Agnes Hospital[a2]	Baltimore	D. P. Bowe and E. Novak	OBG†	1.906	757	587	140	3	.....	1	.....
St. Joseph's Hospital[a2]	Baltimore	H. B. McNally and T. K. Galvin	OBG	1.572	962	3.550	923	3	7/1	3	50.00
Sinai Hospital[a2 4]	Baltimore	A. F. Guttmacher	OB†	3.168	.....	.....	.....	3	7/1	1-3	25.00
		D. Silberman	Gyn†	.....	1.072	.....	.....	3	7/1	1-3	25.00
South Baltimore General Hospital[a2 4]	Baltimore	F. D. Kaltreider	OB†	1.367	.....	1.358	.....	2	7/1	1-2	75.00
Union Memorial Hospital[a2]	Baltimore	J. M. Slemons	OB	.....	.....	.....	.....	2	7/1	1	.....
University Hospital[a2 4]	Baltimore	L. H. Douglass	OB	2.833	.....	18.024	.....	4	7/1	1-2	75.00
		J. M. Hundley, Jr.	Gyn	.....	1.089	.....	6.879	6	7/1	1-2	75.00
West Baltimore General Hospital[a2 4]	Baltimore	D. M. Dixon and W. K. Diehl	OBG†	2.304	691	2.705	235	2	.....	1	.....
Boston City Hospital[a2 4]	Boston	F. J. Lynch and F. L. Good	OBG	3.113	2.163	11.153	6.049	2	.....	1-3	66.67
Boston Lying-In Hospital[a2]	Boston	D. E. Reid	OB	3.322	.....	30.055	.....	10	1/1, 7/1	1-2	None
Carney Hospital[a2]	Boston	L. E. Phaneuf	OBG	1.399	793	2.592	852	3	.....	2	50.00
Massachusetts Memorial Hospitals[a2 4]	Boston	O. W. Sewall	OB	1.213	.....	4.329	.....	3	4/1	2	50.00
New England Hospital for Women and Children[a2 4]	Boston	M. Woodman	OB†	2.610	.....	.....	.....	3	1/1	1	50.00
Evangeline Booth Maternity Hospital and Home[4]	Brookline, Mass.	A. K. Paine	OB	980	.....	4.120	.....	2	7/1	1	62.50
Free Hospital for Women[4]	Brookline, Mass.	G. V. S. Smith	Gyn	.....	3.049	.....	12.525	5	1/1	1	25.00
Cambridge City Hospital[a2]	Cambridge, Mass.	F. J. Lynch	OBG†	2.513	.....	3.225	.....	1	7/1	1-3	58.33
Quincy City Hospital[a2]	Quincy, Mass.	E. A. Carey	OBG†	1.933	.....	705	.....	1	7/1	1-2	100.00
St. Joseph's Mercy Hospital[a2]	Ann Arbor, Mich.		OBG†	1.517	578	1.659	7.703	2	1/1, 7/1	1-3	125.00
University Hospital[a2 4]	Ann Arbor, Mich.	N. Miller	ObG	1.913	827	11.706		4	7/1	1-5	111.40
City of Detroit Receiving Hospital[a2 4]	Detroit	W. F. Seeley	OBG	*	933	*	5.462	4	7/1	3-4	167.00
Florence Crittenton Hospital[4]	Detroit	H. A. Pearse	OBG	2.440	709	4.107	191	6	.....	1-3	110.00
Grace Hospital[a2 4]	Detroit	O. W. Pickard	OBG	2.917	1.600	174	1.962	6	7/1	1-4	75.00
Harper Hospital[a2 4]	Detroit	W. F. Seeley	OBG	3.209	1.140	678	2.138	6	7/1	1	116.00
Henry Ford Hospital[a2]	Detroit	J. F. Pearson	OBG	2.182	987	10.009	23.797	5	7/1	1-3	200.00
Herman Kiefer Hospital[4]	Detroit	W. F. Seeley	OBG	2.871	/	/	/	3	7/1	1-4	170.00
Mt. Carmel Mercy Hospital[a2]	Detroit	C. N. Swanson	OB	5.535	.....	.....	.....	3	7/1	1-3	100.00
Providence Hospital[a2]	Detroit	R. Alles	OBG	3.951	.....	1.391	.....	4	7/1	1-3	140.00
St. Joseph's Mercy Hospital[a2]	Detroit		OB†	2.017	.....	.....	.....	1	.....	1	.....
			Gyn†	.....	.....	.....	.....	1	.....	1	.....
St. Mary's Hospital[a2]	Detroit	V. J. Turcotte	OBG	2.370	977	.....	.....	6	7/1	3	.....
Woman's Hospital[a2 4]	Detroit	L. Daniels and H. Nelson	OBG	3.670	1.357	966	472	5	7/1	1-3	125.00
Hurley Hospital[a]	Flint, Mich.	M. R. Burnell	OBG†	3.172	1.071	.....	.....	1	7/1	1-3	135.00
Blodgett Memorial Hospital[a]	Grand Rapids, Mich.		OB†	1.486	.....	.....	.....	1	7/1	1	.....
Butterworth Hospital[a2 4]	Grand Rapids, Mich.	L. S. Griffith	OBG†	2.780	1.152	675	261	3	7/1	3	100.00
St. Mary's Hospital[a2]	Grand Rapids, Mich.	J. H. Beaton	OBG†	4.020	.....	.....	.....	1	1/1	2	125.00
Pontiac General Hospital[a]	Pontiac, Mich.	H. A. Furlong	OB	1.629	.....	.....	.....	2	7/1	1-3	75.00
Saginaw General Hospital[a2]	Saginaw, Mich.	C. E. Teahach	OB†	1.709	717	282	.....	2	7/1	2-3	75.00
St. Luke's Hospital[a2]	Duluth, Minn.	P. N. Bray	OB†	2.010	.....	.....	.....	1	10/1	1	100.00
St. Mary's Hospital[a2]	Duluth, Minn.	R. J. Moe	OB	1.557	.....	.....	.....	1	.....	1	.....
Abbott Hospital[a]	Minneapolis	R. E. Swanson	OB†	1.018	.....	.....	.....	2	.....	1	100.00
Maternity Hospital[a]	Minneapolis	A. W. Arnold	OB†	1.209	.....	.....	.....	2	7/1	1-2	150.00
Minneapolis General Hospital[a2]	Minneapolis	L. A. Lang	OBG	710	489	3.910	2.830	2	1/1, 7/1	1-2	115.00
Northwestern Hospital[a2 4]	Minneapolis	W. Sather	OBG†	2.135	753	.....	.....	1	.....	1	150.00
St. Barnabas Hospital[a2 4]	Minneapolis	O. F. Robbins	OBG†	2.518	31	.....	.....	1	.....	1	.....
St. Mary's Hospital[a]	Minneapolis	L. A. Lang	OB(G†)	3.601	1.060	.....	.....	2	1/1, 7/1	1	150.00
University Hospitals[a2 4]	Minneapolis	J. L. McKelvey	OBG	396	96	116	564	4	7/1	1-3	115.00
Mayo Foundation[a2]	Rochester, Minn.	L. M. Randall	(See page 89)					12	.....	3	.....
Ancker Hospital[a2]	St. Paul	G. Schulze	OBG	274	319	804	1.259	1	1/1	3	91.50
Charles T. Miller Hospital[a2]	St. Paul	R. S. Countryman and E. C. Hartley	OBG	2.865	668	1.517	885	2	Varies	1-3	115.00
St. Louis County Hospital[a]	Clayton, Mo.	E. L. Dorsett	OBG†	594	335	3.252	2.912	2	7/1	1-3	80.00
Kansas City General Hospital No. 1[a]	Kansas City, Mo.	P. A. Gempel	OBG	964	601	3.540	3.627	4	7/1	3-4	50.00
St. Joseph Hospital[a]	Kansas City, Mo.	A. B. Sinclair	OBG†	2.229	500	.....	.....	2	7/1	1-3	100.00
DePaul Hospital[a]	St. Louis	L. M. Riordan	OBG†	3.389	433	.....	241	2	7/1	3	60.00
Homer G. Phillips Hospital[a2 4]	St. Louis	T. K. Brown	OBG	2.097	1.163	3.203	3.644	4	7/1	1	50.00

Numerical and other references will be found on page 89

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated[3] OB	Inpatients Treated[3] Gyn	Outpatient Visits OB	Outpatient Visits Gyn	Asst. Res. and Residencies Offered[4]	Length of Service (Months)	Length of Service (Years)	Beginning Stipend (Month)
Jewish Hospital[2,3]	St. Louis	S. D. Soule and M. H. Meyerhardt	OBG	2,441	871	.....	.....	2	.....	1	$50.00
Missouri Baptist Hospital[2]	St. Louis	J. B. O'Neill	OBG†	1,419	402	.....	.....	2	7/1	1-3	60.00
St. Louis City Hospital[2,3]	St. Louis		OBG	1,331	1,045	2,222	2,444	6	7/1	1	95.00
St. Louis Maternity Hospital[2]	St. Louis	W. Allen	OBG	3,213	4	8,782	4	3	7/1	1-3	25.00
St. Luke's Hospital[2,3]	St. Louis	O. S. Krebs	OBG	1,199	636	.....	.....	2	7/1	1	75.00
St. Mary's Group of Hospitals[2,3]	St. Louis	J. A. Hardy, Jr.	OBG	6,008	.....	13,009	.....	8	Varies	3	35.00
Montana Deaconess Hospital[2]	Great Falls, Mont.	F. L. McPhail	OBG†	984	292	.....	.....	1	.....	1	.....
Lincoln General Hospital[2]	Lincoln, Nebr.	H. E. Harvey	OBG†	1,198	.....	250	.....	1	.....	1	.....
Creighton Memorial St. Joseph's Hospital[2,3]	Omaha	M. E. Grier	OBG	2,171	1,530	1,616	1,149	1	.....	1-3	100.00
University of Nebraska Hospital[2,3]	Omaha	E. C. Sage	OBG	485	240	.....	.....	2	7/1	1-3	75.00
Cooper Hospital[2]	Camden, N. J.	A. B. Davis and G. B. German	OB(G)†	3,258	.....	10,675	.....	3	.....	1-3	83.33
Jersey City Hospital[2,3]	Jersey City, N. J.	E. N. Bookrajan	Gyn	.....	787	.....	4,009	2	Varies	1-3	35.00
Margaret Hague Maternity Hospital[2]	Jersey City, N. J.	S. A. Cosgrove	OB	11,878	.....	22,461	.....	16	Quarterly	1-3	50.00
Monmouth Memorial Hospital[2,3]	Long Branch, N. J.	R. A. MacKenzie	OB	2,091	.....	586	.....	1	.....	1	.....
Paterson General Hospital[2]	Paterson, N. J.	L. E. Theron	OB†	2,987	.....	684	.....	1	.....	1	100.00
Albany Hospital[2,3]	Albany, N. Y.	A. J. Wallingford	Gyn	.....	2,757	.....	716	2	7/1	1	41.66
Anthony N. Brady Maternity Home[2,3]	Albany, N. Y.		OB	2,783	.....	3,336	.....	1	.....	2	100.00
Beth-El Hospital[2,3]	Brooklyn	A. Koplowitz	OB	4,269	.....	2,029	.....	3	1/1, 7/1	1-2	100.00
Brooklyn Hospital[2,3]	Brooklyn	J. T. Wallace	OBG	1,973	651	4,171	1,633	2	7/1	1-2	25.00
Brooklyn Women's Hospital[2]	Brooklyn	A. Koplowitz	OBG†	2,141	.....	2,559	.....	2	8/1	1	125.00
Cumberland Hospital[2,3]	Brooklyn	S. Luban	OB	1,121	.....	5,504	.....	2	7/1	1	70.00
		S. Luban	Gyn†	.....	475	.....	1,630	2	7/1	1	70.00
Greenpoint Hospital[2,3]	Brooklyn	W. C. Meagher	OBG	1,420	891	5,543	4,831	3	7/1	1	120.00
Jewish Hospital[2,3]	Brooklyn		OBG	5,996	1,535	6,733	2,672	6	1/1, 7/1	1½	30.00
Kings County Hospital[2]	Brooklyn	C. A. Gordon and R. Garlick	OBG	4,267	3,788	.....	.....	4	7/1	1	100.00
Long Island College Hospital[2,3]	Brooklyn	W. A. Jewett	OBG	2,313	1,015	5,222	1,840	3	7/1	1-3	25.00
Methodist Hospital[2,3]	Brooklyn	G. H. Davis	OBG	2,947	694	7,269	716	8	7/1	3-4	25.00
Norwegian Lutheran Deaconesses' Home and Hospital[2,3]	Brooklyn	B. Harris	OB	1,461b	.....	.....	.....	1	.....	1	.....
St. Catherine's Hospital[2]	Brooklyn	C. A. Gordon	OBG†	2,117	746	3,245	36	3	7/1	1	35.00
St. John's Hospital[2,3]	Brooklyn	C. W. Mueller	OBG	1,088	249	.....	.....	3	7/1	1-3	95.00
St. Mary's Hospital[2,3]	Brooklyn	H. J. Coubeaud, Jr.	OBG	622	.....	1,050	.....	3	7/1	2	50.00
Buffalo General Hospital[2,3]	Buffalo	C. L. Randall	OBG	1,567	1,110	2,828	1,478	8	7/1	1-4	25.00
Children's Hospital[2]	Buffalo	E. G. Winkler	OB	3,077	.....	.....	.....	2	1/1, 7/1	1	25.00
Edward J. Meyer Memorial Hospital[2,3]	Buffalo	E. G. Winkler	OBG	904	622	3,384	2,074	4	7/1	3	100.00
Millard Fillmore Hospital[2,3]	Buffalo	L. F. McLean	OB	4,407	.....	.....	.....	4	.....	.....	.....
			Gyn†	.....	1,426	.....	.....	4	.....	1-4	50.00
Sisters of Charity Hospital[2]	Buffalo	E. G. Winkler	OB†	4,714	.....	.....	.....	3	7/1	1	.....
Queens General Hospital[2,3]	Jamaica, N. Y.	E. A. Flemming	OBG	2,145	1,081	6,793	2,351	4	7/1	3	70.00
Bellevue Hospital, Div. III—N. Y. Univ.[2,3]	New York City	W. E. Studdiford	OBG	1,538b	2,000b	10,233b	5,500	13	7/1	1	45.00
Beth Israel Hospital[2,3]	New York City	C. G. Langrock	OB†	2,970	.....	3,806	.....	3	7/1	1-3	50.00
		H. C. Falk	Gyn	.....	1,056	.....	1,732	3	7/1	1-3	50.00
Bronx Hospital[2,3]	New York City	M. Rosenbohm	OB†	3,446	.....	3,471	.....	2	7/1	1-3	75.00
Flower and Fifth Avenue Hospitals[2,3]	New York City	L. S. Loizeaux, Sr.	OBG	2,889	1,352	4,459	1,166	2	6/1	1	None
Fordham Hospital[2,3]	New York City	M. L. Brandt	OB	9056	.....	.....	.....	3	1/1, 7/1	1½	120.00
French Hospital[2,3]	New York City	H. C. Hilhamson	OB	1,704	.....	4,895	.....	2	7/1	1-2	83.33
Harlem Hospital[2,3]	New York City	A. A. Kantrowitz	OB	4,348	.....	23,394	.....	2	4/1	1	.....
		H. C. Falk	Gyn	.....	2,090	.....	9,406	3	1/1, 7/1	1	70.00
Hospital for Joint Diseases[2]	New York City	H. B. Davidson	Gyn†	.....	582	.....	3,005	1	1/1, 7/1	1	40.00
Lenox Hill Hospital[2,3]	New York City	R. D. Van Etten	OB(G)†	1,619	835	.....	.....	3	Varies	2	50.00
Lincoln Hospital[2,3]	New York City	H. C. Ingraham	OBG	2,081	1,091	10,467	4,158	6	.....	1-3	60.00
Lying-In Hospital	New York City		OBG	(See New York Hospital)							
Metropolitan Hospital[2,3]	New York City	H. B. Safford	OBG	1,638	1,025	9,900	4,261	3	7/1	1-2	70.00
Morrisania City Hospital[2,3]	New York City	M. Goodfriend	OB	909	.....	3,229	.....	3	7/1	2	60.00
Mount Sinai Hospital[2,3]	New York City		Gyn	.....	.....	.....	.....	4	4/1, 7/1	1½	50.00
New York City Hospital[2,3]	New York City	R. J. Lowrie and J. V. Ricci	OBG	1,248	857	9,864	3,292	3	7/1	1-3	70.00
New York Hospital[2,3]	New York City	H. Stander	OBG	4,788		29,416	14,558	13	1/1, 7/1	1-5	12.50
New York Infirmary[2,3]	New York City	W. Ragland	OB	1,161	.....	4,739	.....	2	7/1	1+	75.00
New York Polyclinic Medical School and Hospital[2]	New York City	E. H. Denner	OB	1,387	.....	.....	.....	1	7/1	2	25.00
		D. N. Barrows	Gyn	.....	1,078	.....	.....	1	7/1	2	25.00
New York Post-Graduate Medical School and Hospital[2,3]	New York City	W. T. Dannreuther	Gyn	.....	681	.....	12,332	2	10/1	2	30.00
Presbyterian Hospital[2,3]	New York City	H. C. Taylor, Jr.	OBG	4,135	1,475	18,181	14,284	14	.....	1½-3	41.66
Roosevelt Hospital[2,3]	New York City	T. C. Peightal	Gyn	980	.....	2,915	.....	1	7/1	1	103.33
St. Clare's Hospital[2,3,4]	New York City	M. J. Jordan	OB(G)†	1,735	688	2,926	1,255	3	7/1	2	25.00
St. Vincent's Hospital[2,3]	New York City	J. F. McGrath	OB†	2,593	1,042	5,390	2,369	3	7/1	1-3	50.00
Sloane Hospital for Women[2]	New York City			(See Presbyterian Hospital)							
Woman's Hospital[2,3]	New York City	A. H. Aldridge	OBG	3,241	2,212	10,497	20,082	11	Varies	1-2	10.00
Genesee Hospital[2,3]	Rochester, N. Y.	S. R. Snow, Jr.	OB†	1,406	.....	457	.....	1	7/1	1	41.66
Highland Hospital[2,3]	Rochester, N. Y.	J. R. Loder	OB	1,901	.....	.....	.....	1	7/1	1-2	100.00
Rochester General Hospital[2,3]	Rochester, N. Y.	M. Wilkinson	OB	3,082	.....	1,775	.....	1	7/1	1-2	70.00
Strong Memorial and Rochester Municipal Hospitals[2,3]	Rochester, N. Y.	K. M. Wilson	OBG	2,393	1,328	3,811	3,543	5	Varies	1-4	41.66
General Hospital[2]	Syracuse, N. Y.	R. J. Pieri	OB	1,693	.....	.....	.....	1	7/1	1	35.00
		R. J. Pieri	Gyn†	.....	372	.....	.....	1	7/1	1	35.00
Syracuse Memorial Hospital[2,3]	Syracuse, N. Y.	E. C. Hughes	OB	2,750	.....	.....	.....	3	.....	1-3	.....
		E. C. Clark	Gyn	.....	1,150	.....	.....	3	.....	1-3	.....
Charlotte Memorial Hospital[2,3,4]	Charlotte, N. C.	E. W. Franklin, Jr.	OBG	1,463	828	1,010	530	1	7/1	1-3	75.00
Duke Hospital[2,3,4]	Durham, N. C.	B. Carter	OBG	1,948	1,152	7,575	7,881	10	7/1	1	83.34
Watts Hospital[2]	Durham, N. C.	E. B. Easley	OBG†	1,785	845	434	188	1	7/1	1	75.00
James Walker Memorial Hospital[2]	Wilmington, N. C.		OB	2,432	.....	183	.....	1	7/1	1-2	100.00
North Carolina Baptist Hospital[2,3,4]	Winston-Salem, N. C.	F. R. Lock	OBG	1,509	541	1,539	1,744	5	.....	1-3	.....
City Hospital[2]	Akron, Ohio		OBG	5,491	1,514	.....	.....	5	7/1	1-3	100.00
Peoples Hospital[2,3,4]	Akron, Ohio	L. L. Bottsford	OB†	3,422	.....	346	.....	3	7/1	1-2	100.00
St. Thomas Hospital[2,3]	Akron, Ohio	L. DaSel	OB	2,516	.....	391	.....	2	7/1	1	125.00
Aultman Hospital[2,3,4]	Canton, Ohio	K. E. Greenawalt	OBG†	3,689	674	.....	.....	7	7/1	1-4	75.00
Mercy Hospital[2,3]	Canton, Ohio	R. K. Ramseyer and L. E. Leavensworth.	OBG	2,622	804	.....	.....	4	7/1	1-3	100.00
Bethesda Hospital[2,3]	Cincinnati	R. L. Bryant and R. W. Eddy	OBG	3,366	903	.....	31	3	7/1	3	150.00

Numerical and other references will be found on page 59

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated[3]		Outpatient Visits		Asst., Res. and Residencies Offered[4]	Beginning of Services (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
				OB	Gyn	OB	Gyn				
Cincinnati General Hospital[a,b,d]	Cincinnati	S. Garber	OB	3,288	.....	5,705	.....	5	7/1	3	.....
City Hospital[a,b]	Cleveland	A. H. Bill	OB	1,836	.....	2,370	.....	3	7/1	1-3	$60.00
Fairview Park Hospital[a,b]	Cleveland	E. D. Saunders	OB	2,983	.....	53	.....	2	7/1	1	100.00
Lutheran Hospital[a,b]	Cleveland	R. S. Dial	OB	1,659	.....	.....	.....	1	7/1	1-2	125.00
Mount Sinai Hospital[a,b]	Cleveland	J. L. Bubis	OB	1,884	.....	396	.....	1	7/1	1	100.00
		J. L. Bubis	Gyn	.....	839	.....	445	1	7/1	1	100.00
St. Ann's Maternity Hospital[a]	Cleveland	H. C. Wise	OB	2,606	.....	236	.....	2	.....	1	100.00
St. John's Hospital[a]	Cleveland	C. A. O'Connell	OB†	2,496	.....	72	.....	3	7/1	1	.....
St. Luke's Hospital[a]	Cleveland	C. T. Hemmings	OBG	3,049	874	1,925	1,639	4	7/1	1-4	60.00
University Hospitals[a,b,d]	Cleveland	A. H. Bill	OB	4,560	.....	18,248	.....	5	7/1	1-3	25.00
		A. H. Bill	Gyn	.....	1,782	.....	5,768	5	7/1	1-3	25.00
St. Ann's Maternity Hospital[a]	Columbus, Ohio	R. E. Krigbaum	OB†	1,651	.....	.....	.....	2	.....	1	100.00
Starling-Loving University Hospital[a,b,d]	Columbus, Ohio	A. C. Barnes	OBG	2,242	767	5,916	2,257	3	7/1	1-3	50.00
White Cross Hospital[a,b]	Columbus, Ohio	W. D. Inglis	OB	3,743	.....	.....	.....	2	1/1	1-2	100.00
Miami Valley Hospital[a]	Dayton, Ohio	J. K. Hoerner	OB†	3,583	.....	.....	.....	1	7/1	1	.....
Huron Road Hospital[a]	East Cleveland, Ohio	A. G. Cummings									
		G. R. Irvin	OBG	3,160	1,385	55	193	5	7/1	1	80.00
Lakewood Hospital[a]	Lakewood, Ohio	B. Wylie	OB	1,357	.....	31	.....	1	7/1	1	100.00
Maumee Valley Hospital[a]	Toledo, Ohio	E. C. Mohr	OBG	593	328	577	293	2	7/1	1	150.00
Mercy Hospital[a]	Toledo, Ohio	R. C. King and J. E. Maher	OBG	3,039	1,081	.....	.....	1	7/1	1-3	110.00
St. Vincent's Hospital[a,b,d]	Toledo, Ohio	M. Diethelm	OB	2,994	.....	86	.....	2	7/1	1-3	100.00
Toledo Hospital[a,b,d]	Toledo, Ohio	M. D. Haag	OBG	2,813	479	814	99	3	7/1	1-3	125.00
St. Elizabeth's Hospital[a,b,d]	Youngstown, Ohio	P. L. Boyle	OBG†	3,009	988	41	151	2	7/1	1-3	125.00
University Hospitals[a,b]	Oklahoma City	J. G. Eskridge and G. Penick	OBG	1,192	432	5,483	3,467	3	7/1	1-3	35.00
Wesley Hospital[a]	Oklahoma City	J. W. Record	OBG†	1,431	850	1,500	600	2	7/1	1	150.00
St. John's Hospital[a]	Tulsa, Okla.	.....	OB	2,556	.....	.....	.....	1	7/1	1	.....
Emanuel Hospital[a,b]	Portland, Ore.	G. Nelson	OB†	5,193	.....	.....	.....	1	7/1	1-3	75.00
			Gyn†	.....	1,413	.....	.....	1	7/1	1-3	75.00
Good Samaritan Hospital[a]	Portland, Ore.	T. W. Adams	OB	2,713	.....	.....	.....	1	7/1	1	75.00
Univ. of Oregon Med. School Hospitals and Clinics[a,b,d]	Portland, Ore.	H. C. Stearns	OBG	754	467	4,051	2,322	5	7/1	3	75.00
Abington Memorial Hospital[a]	Abington, Pa.	.....	OBG†	1,901	603	1,929	860	1	7/1	1-2	50.00
St. Luke's Hospital[a]	Bethlehem, Pa.	T. E. Schadt	OB†	716	.....	397	.....	2	7/1	1-2	100.00
Bryn Mawr Hospital[a]	Bryn Mawr, Pa.	C. A. Behney	OBG†	280	.....	166	.....	1	7/1	1	75.00
George F. Geisinger Memorial Hospital[a]	Danville, Pa.	R. E. Nicodemus	OB	2,499	.....	9,449	.....	2	7/1	1-3	75.00
Harrisburg Hospital[a]	Harrisburg, Pa.	P. W. Dailey	OB†	2,491	.....	2,334	.....	1	7/1	1-2	100.00
Episcopal Hospital[a,b,d]	Philadelphia	E. A. Schumann	OBG	3,054	961	8,483	1,307	3	.....	1-3	50.00
Germantown Dispensary and Hospital[a]	Philadelphia	J. C. Hartman and Z. B. Newton	OB†	2,458	.....	3,558	.....	1	7/1	1-2	50.00
Graduate Hosp. of the Univ. of Pa.[a,b]	Philadelphia	R. Kimbrough	Gyn	776	.....	1,479	.....	2	7/1	3	25.00
Hahnemann Hospital[a,b,d]	Philadelphia	N. F. Paxson and E. C. Hessert	OBG	3,509	1,150	.....	.....	5	.....	1-3	50.00
Hospital of the Univ. of Pennsylvania[a,b,d]	Philadelphia	C. Buchman and I. L. Payne	OBG	2,061	1,801	9,300	3,615	6	3/1, 9/1	3	50.00
Hospital of the Women's Medical College of Pennsylvania[a,b,d]	Philadelphia	A. G. Taylor	OB†	1,691	.....	7,939	.....	2	7/1	2-3	50.00
		M. DeW. Pettit	Gyn	.....	653	.....	3,948	2	7/1	2-3	50.00
Jefferson Medical College Hospital[a,b]	Philadelphia	L. C. Scheffey and N. W. Vaux	OBG	2,395	2,397	13,341	6,096	7	.....	1	.....
Jewish Hospital[a,b,d]	Philadelphia	.....	OBG†	1,880	.....	.....	.....	1	.....	1-2	.....
Lankenau Hospital[a]	Philadelphia	R. B. Wilson	OB†	1,203	.....	4,267	.....	1	7/1	1-3	50.00
Mount Sinai Hospital[a,b,d]	Philadelphia	.....	OBG	940	535	1,933	978	1	7/1	1-2	50.00
Pennsylvania Hospital[a,b]	Philadelphia	C. B. Lull	OBG	3,468	1,367	12,314	3,455	6	1/1, 7/1	1-3	20.00
Philadelphia General Hospital[a,b,d]	Philadelphia	.....	OBG	2,460	1,700	.....	.....	3	.....	1-3	70.00
Temple University Hospital[a,b,d]	Philadelphia	J. R. Wilson	OBG	2,747	920	5,380	2,400	6	7/1	3	50.00
Woman's Hospital[a,b,d]	Philadelphia	.....	OB	2,374	.....	7,973	.....	1	7/1	1	50.00
		.....	Gyn	.....	584	.....	1,856	2	7/1	1	50.00
Women's Homeopathic Hospital[a]	Philadelphia	B. F. Biscoe and W. C. Mercer	OBG†	805	454	1,959	757	2	7/1	1	150.00
Elizabeth Steel Magee Hospital[b,d]	Pittsburgh	C. J. Barone and B. Z. Cashman	OBG	5,607	2,314	3,115	1,247	9	7/1	1-3	41.67
Mercy Hospital[a]	Pittsburgh	R. A. D. Gillis and R. J. Presley	OBG†	2,570	879	579	608	1	9/1	1-2	100.00
Montefiore Hospital[a]	Pittsburgh	H. M. Cohen and S. Goldstein	OBG	1,211	735	964	997	1	7/1	1-2	50.00
Pittsburgh Hospital[a]	Pittsburgh	.....	OBG†	1,178	649	430	107	1	7/1	1	.....
St. Francis Hospital[a,b,d]	Pittsburgh	J. H. Carroll	OB	2,331	.....	459	.....	2	7/1	3	110.00
		B. Z. Cashman	Gyn	.....	865	.....	606	1	7/1	3	110.00
St. Margaret Memorial Hospital[a]	Pittsburgh	P. Titus	OBG†	627	.....	.....	.....	1	9/1	1	100.00
Reading Hospital[a,b]	Reading, Pa.	H. H. Muhlenberg and F. B. Nugent	OBG†	2,714	818	383	380	1	7/1	1	100.00
Providence Lying-In Hospital[a]	Providence, R. I.	A. P. Potter	OB†	1,348	.....	11,246	.....	2	6/1, 12/1	1	50.00
Roper Hospital[a,b,d]	Charleston, S. C.	L. A. Wilson and F. G. Cain	OBG	1,854	590	5,957	2,297	3	7/1	1-4	25.00
Greenville General Hospital[a]	Greenville, S. C.	J. D. Guess	OBG†	2,487	1,424	1,013	281	3	7/1	1	75.00
Baroness Erlanger Hospital[a,b]	Chattanooga, Tenn.	F. V. Buckner	OB	3,744	.....	5,943	.....	3	7/1	1	90.00
Baptist Memorial Hospital[a]	Memphis, Tenn.	W. A. Rurh	OBG†	2,193	1,180	109	354	1	7/1	1-2	75.00
John Gaston Hospital[a]	Memphis, Tenn.	F. E. Whitacre	OB	3,962	.....	9,072	.....	5	7/1	3	.....
		F. E. Whitacre	Gyn	.....	815	.....	7,142	5	7/1	3	.....
Methodist Hospital[a,b,d]	Memphis, Tenn.	C. G. Bringle	OB	713	.....	.....	.....	1	7/1	1	150.00
St. Joseph Hospital[a]	Memphis, Tenn.	M. J. Rauch	OBG	1,823	804	516	222	2	.....	1-2	100.00
George W. Hubbard Hospital of Meharry Medical College[a]	Nashville, Tenn.	W. F. B. James	OBG	807	363	2,415	761	3	7/1	1-3	75.00
Nashville General Hospital[a]	Nashville, Tenn.	M. S. Lewis and C. S. McMurray	OBG	1,324	624	5,649	5,080	3	7/1	1-3	40.00
Vanderbilt University Hospital[a,b,d]	Nashville, Tenn.	J. C. Burch	OBG	2,225	601	7,211	5,796	7	7/1	1	.....
Baylor University Hospital[a,b,d]	Dallas, Texas	W. K. Strother	OBG	6,336	957	3,895	1,125	3	7/1	1-3	50.00
Parkland Hospital[a,b,d]	Dallas, Texas	W. Mengert	OBG	2,825	.....	11,409	.....	8	7/1	1-3	50.00
Hotel Dieu, Sisters Hospital (St. Joseph's Maternity Hospital)[b]	El Paso, Texas	E. C. Bernell	OBG†	.....	1,293	.....	19,783	1	1/1	1	150.00
Harris Memorial Methodist Hospital[a,b,d]	Fort Worth, Texas	R. L. Grogan	OBG†	3,119	1,302	1,275	531	4	7/1	1-3	100.00
John Sealy Hospital (Univ. of Texas Medical Branch)[a,b,d]	Galveston, Texas	W. R. Cooke	OBG	1,121	643	8,758	.....	4	.....	1-3	50.00

Numerical and other references will be found on page 49

12. OBSTETRICS AND GYNECOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated[1] OB	Inpatients Treated[1] Gyn	Outpatient Visits OB	Outpatient Visits Gyn	Asst., Res. and Residencies Offered[2]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
Hermann Hospital[a,b,4]	Houston, Texas	A. L. Dippel and C. Pugsley	OBG	1,620	1,375	5,907	2,814	6	.....	3	$ 80.00
Jefferson Davis Hospital[a,b,4]	Houston, Texas	E. A. Chandler and C. Hamilton	OBG†	2,118	972	7,335	3,681	4	7/1	1-3	80.00
Memorial Hospital[b,4]	Houston, Texas	E. A. Chandler and W. E. Ramsay	OBG	2,578	.....	.....	.....	2	.....	1-3	.....
Methodist Hospital[a,b,4]	Houston, Texas	D. V. Wachsman and J. A. Wall	OBG	1,047	806	2,444	275	3	7/1	1-3	75.00
St. Joseph's Infirmary[2]	Houston, Texas	G. Adam	OB	7,289	.....	.....	.....	3	.....	1-3	150.00
Thomas D. Dee Memorial Hospital[a,2]	Ogden, Utah	V. L. Ward	OB(GY)	3,129	721	117	700	2	7/1	2-3	100.00
Dr. W. H. Groves Latter-Day Saints Hosp.[a,2]	Salt Lake City	W. M. Nebeker	OBG	4,619	960	.....	.....	3	7/1	1-3	100.00
Holy Cross Hospital[a,b,4]	Salt Lake City	R. Wherritt	OB†	2,834	.....	.....	.....	1*	7/1	1	75.00
Salt Lake General Hospital[a,b,4]	Salt Lake City	E. G. Holmstrom	OBG	461	318	1,129	776	2	7/1	1-3	50.00
Mary Fletcher Hospital[a]	Burlington, Vt.	H. A. Durfee	OBG†	1,134	548	.....	.....	2	11/1	1+	100.00
Alexandria Hospital[2]	Alexandria, Va.	H. Picot	OBG†	2,616	376	.....	.....	2	7/1	1	100.00
University of Virginia Hospital[a,2,4]	Charlottesville, Va.	W. N. Thornton, Jr. and J. M. Nokes	OBG	2,616		6,839		4	7/1	1-4	62.00
DePaul Hospital[a,b,4]	Norfolk, Va.	J. R. Kight	OBG	2,455	941	246	260	2	7/1	.....	75.00
Norfolk General Hospital[a,2,4]	Norfolk, Va.	C. J. Andrews	OB†	1,806	.....	238	.....	1	7/1	1	75.00
Medical College of Virginia, Hosp. Div.[a,2,4]	Richmond, Va.	H. H. Ware	OB	4,777	.....	8,983	.....	8	7/1	1	.....
King County Hospital[a,2]	Seattle, Wash.	C. M. Helwig	OBG	1,090	675	4,744	2,220	1	7/1	1	125.00
Providence Hospital[a]	Seattle	J. Clancy	OB	2,652	.....	499	.....	1	7/1	1	100.00
Swedish Hospital[a,2]	Seattle	W. W. Bell	OBG	3,272	774	.....	.....	1	3/1	1	100.00
Virginia Mason Hospital[a]	Seattle	R. Rutherford and D. H. Bronson	OB	1,088	.....	.....	.....	1	.....	1-2	75.00
St. Luke's Hospital[a]	Spokane	R. E. Gillett	OBG†	1,232	1,051	667	.....	2	7/1	1	125.00
Northern Permanente Hospital[a]	Vancouver, Wash.	R. George	OBG	713	298	1,085	1,168	1	7/1	1	150.00
St. Mary's Hospital[a,b,4]	Huntington, W. Va.	C. H. Boso	OB	2,174	.....	782	.....	1	7/1	1	100.00
State of Wisconsin General Hospital[a,b,4]	Madison, Wis.	J. W. Harris	OBG	497	650	7,661	.....	3	7/1	3	25.00
Milwaukee County Hospital[a,2,4]	Milwaukee	R. S. Cron	OBG	590	369	1,599	1,089	1	Varies	1-3	82.26
Milwaukee Hospital[a,2]	Milwaukee	H. W. Shutter	OBG†	2,914	987	.....	.....	3	7/1	3	70.00
St. Joseph's Hospital[a]	Milwaukee	H. Olsen	OBG	3,433	.....	.....	.....	2	10/1	3	75.00
St. Mary's Hospital[a]	Milwaukee	R. W. Roethke and D. Witte	OBG†	1,731	826	.....	.....	1	.....	1	125.00
Kapiolani Maternity and Gynecological Hospital[1]	Honolulu, Hawaii	H. E. Bowles	OB	3,995	.....	.....	.....	3	2/1, 7/1	1	150.00

13. OCCUPATIONAL MEDICINE

Approval of residencies in Occupational Medicine has been authorized by the American Medical Association. Institutions desiring residency approval in this field should make application to the Council on Medical Education and Hospitals, 535 N. Dearborn Street, Chicago 10, Illinois.

14. OPHTHALMOLOGY AND OTOLARYNGOLOGY

The following services approved by the Council are acceptable to the American Board of Ophthalmology and the American Board of Otolaryngology respectively.

Hospitals, 165; Assistant Residencies and Residencies, 738

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated[1] Oph.	Inpatients Treated[1] Otol.	Outpatient Visits Oph.	Outpatient Visits Otol.	Asst., Res. and Residencies Offered[2]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
United States Army											
Letterman General Hospital[a]	San Francisco	E. Maxwell	Oph	344	.....	5,150	.....	3	1/1	1-3	n
			Otol		874	.....	7,084	4	1/1	1-3	.....
Fitzsimons General Hospital[a]	Denver	A. J. Vadala	Oph	198	.....	4,768	.....	3	1/1	1-3	.....
			Otol	.....	408	.....	11,128	3	1/1	1-3	n
Walter Reed General Hospital[a]	Washington, D.C.	F. E. Hamilton	Oph	368	.....	30,102	.....	3	1/1	1-3	n
Oliver General Hospital[a]	Augusta, Ga.	W. C. Royals	Oph	180	.....	5,626	.....	3	1/1	1-3	n
Brooke General Hospital[a]	San Antonio, Texas	H. S. Murphey	Oph	486	.....	12,655	.....	3	1/1	1-3	.....
			Otol†	.....	1,109	.....	13,294	3	1/1	1-3	n
Gorgas Hospital[a]	Ancon, C.Z.	B. T. Bowers	Oph	303	.....	9,000	.....	2	1/1	1-3	n
United States Navy											
U. S. Naval Hospital[a]	Long Beach, Calif.	R. C. Boyden	Oph	236	.....	3,469	.....	2	Varies	1	n
U. S. Naval Hospital[a]	Oakland, Calif.		Oph	312	.....	.....	.....	1	.....	1	n
U. S. Naval Hospital[a]	San Diego, Calif.	O. W. Chenault	Oph	385	.....	6,145	.....	3	.....	1	n
U. S. Naval Hospital[a]	Bethesda, Md.	J. J. Delaney	Oph	.....	.....	.....	.....	1	Varies	1-3	.....
		A. J. Delaney	Otol†	.....	.....	.....	.....	1	Varies	1-3	n
U. S. Naval Hospital[a]	St. Albans, N.Y.	W. L. Berkley	Oph	192	.....	.....	.....	2	10/1	1-3	n
U. S. Naval Hospital[a]	Philadelphia	F. Harbert	Oph	327	.....	11,400	.....	1	.....	1	.....
		F. Harbert	Otol†	.....	990	.....	14,316	1	Varies	1	n
United States Public Health Service											
†U. S. Marine Hospital[a]	New Orleans		Otol	.....	548	.....	.....	2	1/1	1-2	n
Veterans Administration											
Veterans Admin. Hospital	San Francisco	M. Fine and D. O. Harrington	Oph	112	.....	3,523	.....	3	7/1	1-3	$275.00
Veterans Admin. Hospital	Chamblee, Ga.	R. T. Shields	Oph	180	.....	.....	.....	1	7/1	1-3	275.00
		R. T. Shields	Otol†	.....	240	.....	.....	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Hines, Ill.	W. A. Mann	Oph	370	.....	.....	.....	3	.....	1-3	275.00
		F. L. Lederer	Otol	.....	1,063	.....	.....	6	.....	1-3	275.00
†Veterans Admin. Hospital	Topeka, Kans.	H. W. Powers	Otol	.....	198	.....	.....	1	7/1	1-3	275.00
†Veterans Admin. Hospital	New Orleans	F. G. Walls	Otol	.....	272	.....	744	2	7/1	1-3	275.00
†Veterans Admin. Hospital	Minneapolis	H. V. Hanson and L. Boies	Otol	.....	607	.....	.....	3	.....	1	275.00
Veterans Admin. Hospital	New York City		Oph	479	.....	3,436	.....	5	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Portland, Ore.	R. A. Fenton	Otol	.....	331	.....	.....	1	7/1	1-3	275.00
Veterans Admin. Hospital	Aspinwall, Pa.	J. G. Line	Oph	128	.....	.....	.....	3	7/1	1-3	275.00
		F. A. Lanson	Otol†	.....	228	.....	.....	3	7/1	1-3	275.00
Veterans Admin. Hospital	Dallas, Texas	M. Thomas	Oph	379	.....	1,766	.....	1	Varies	1-3	275.00
		C. D. Winborn	Otol†	.....	6599	.....	2,8255	1	Varies	1-3	275.00
Veterans Admin. Hospital	McKinney, Texas	H. W. Hardin	Oph	.....	.....	.....	.....	1	7/1	1-3	275.00
Veterans Admin. Hospital	Milwaukee	J. B. Hitz	Oph	194	.....	3,889	.....	1	7/1	1-3	275.00
		W. E. Grove	Otol†	.....	485	.....	3,507	4	7/1	1-3	275.00

Numerical and other references will be found on page 89

14. OPHTHALMOLOGY AND OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated[1] Oph.	Inpatients Treated[1] Otol.	Outpatient Visits Oph.	Outpatient Visits Otol.	Asst. Res. and Residencies Offered[2]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Jefferson-Hillman Hospital ♦	Birmingham, Ala.	A. Callahan	Oph	559	.....	3,281	.....	2	7/1	1-2	$ 50.00
		G. E. Fisher	Otol†	.....	875	.....	4,210	3	7/1	1-2	50.00
†Baptist State Hospital ♦	Little Rock, Ark.	K. W. Cosgrove	Otol	.....	848	.....	.....	3	Varies	3	.....
Children's Hospital ♦	Los Angeles	J. M. Brown	Otol	.....	987	.....	1,711	1	7/1	1-3	None
Los Angeles County Hospital ♦[1]	Los Angeles	W. G. Endres	Oph	926	.....	12,039	.....	2	Varies	2	165.00
		P. Yiotc	Otol	.....	2,121	.....	8,053	2	Varies	2	165.00
White Memorial Hospital ♦	Los Angeles	W. A. Boyce	Oph	168	.....	6,345	.....	1	.....	1-2	147.33
		B. S. Colver	Otol	.....	1,026	.....	9,223	2	.....	1-2	147.33
San Diego County General Hospital ♦	San Diego, Calif.	G. Kilgore and C. W. Brown	Op Ot	392		1,365	1,457	2	7/1	1	215.00
Children's Hospital ♦[1]	San Francisco	R. C. Martin	Op Ot	1,145		.....	.....	1	7/1	1	50.00
Greens' Eye Hospital	San Francisco	V. Y. Suglian	Oph	953	.....	57,040	.....	2	7/1	1-3	50.00
		L. Z. Fishman	Otol	.....	822	.....	11,385	1	7/1	1-3	50.00
San Francisco Hospital ♦[1]	San Francisco		Op Ot	768		.....	.....	4	.....	1	175.00
Stanford University Hospitals ♦[1]	San Francisco	A. E. Maumenee	Oph	733	.....	7,965	.....	3	7/1	1-3	50.00
		R. C. McNaught	Otol	.....	805	.....	8,752	2	7/1	1-3	50.00
University of California Hospital ♦[1]	San Francisco	F. C. Cordes	Oph	347	.....	13,421	.....	1	Varies	1	50.00
		L. F. Morrison	Otol	.....	724	.....	7,030	3	Varies	1	50.00
University of Colorado Medical Center	Denver	W. M. Bane	Oph	130	.....	7,036	.....	2	1/1, 7/1	1-2	75.00
Colorado General Hospital ♦[1]		H. L. Hickey	Otol	.....	282	.....	3,742	1	1/1, 7/1	1-2	75.00
Grace-New Haven Community Hospital	New Haven, Conn.	E. Blake	Oph†	319	.....	5,344	.....	1	7/1	1	40.00
New Haven Unit (University Service) ♦[1]		N. Canfield	Otol	.....	745	.....	5,703	2	7/1	1	40.00
†Hospital of St. Raphael ♦	New Haven, Conn.	C. T. Flynn	Otol	.....	1,261	.....	51	2	7/1	1	75.00
Episcopal Eye, Ear and Throat Hospital[1]	Washington, D. C.	J. N. Greear	Oph	.....	.....	.....	.....	5	4/1	2	25.00
		W. H. Jenkins	Otol	.....	.....	.....	.....	4	1/1	2	25.00
Gallinger Municipal Hospital ♦[1]	Washington, D. C.	E. Cummings and S. Burtoff	Op Ot	62	803	1,852	7,926	4	7/1	1-2	75.00
Grady Memorial Hospital ♦[1]	Atlanta, Ga.	A. V. Hallum and W. C. Warren	Op Ot	444	864	9,494	8,964	6	7/1	1	20.00
Cook County Hospital ♦[1]	Chicago	D. T. Vail	Oph	456		18,183		7	1/1, 7/1	1-3	27.50
		S. J. Pearlman	Otol		1,764		21,731	5	1/1, 7/1	1-3	27.50
Illinois Eye and Ear Infirmary[1]	Chicago	J. B. Youman	Oph	2,010	.....	47,515	.....	15	1/1	1-1½	None
		J. B. Youman	Otol	.....	1,913	.....	23,363	10	1/1	1	None
Mercy Hospital-Loyola University Clinics ♦	Chicago	R. W. Kerwin	Op Ot	1,012		1,964		1	7/1	1	25.00
Michael Reese Hospital ♦[1]	Chicago	S. J. Myer	Oph	449		3,037		2	1/1, 7/1	1	25.00
		W. Smiley	Otol		1,140	.....	1,461	1	7/1	1	25.00
Passavant Memorial Hospital ♦[1]	Chicago	D. Vail	Oph	438		.....	.....	2	.....	1	None
		J. Delph	Otol	.....	169	.....	.....	1	.....	1	None
Presbyterian Hospital ♦	Chicago	J. M. Donegan	Oph	381	.....	4,065	.....	2	7/1	1-2	25.00
		A. Friedberg	Otol	.....	936	.....	3,821	2	5/1, 7/1	1-2	25.00
Provident Hospital[1]	Chicago	C. L. Forney	Op Ot	413		5,401	1,519	2	7/1	1-3	25.00
Research and Educational Hospitals ♦	Chicago	W. F. Hughes	Oph	230	.....	7,925	.....	2	7/1	1-2	55.00
		F. E. Lederer	Otol	.....	607	.....	8,947	2	7/1	1-2	55.00
†St. Joseph Hospital ♦[1]	Chicago	J. M. Donegan	Oph	144	.....	825	.....	1	4/1	1-3	75.00
St. Luke's Hospital ♦[1]	Chicago	R. C. Gamble and A. J. Coombs	Op Ot	390	688	1,146	1,198	2	7/1	1-2	25.00
University of Chicago Clinics ♦	Chicago	A. Krause	Oph	174	.....	11,750	.....	6	7/1	1-4	25.00
		J. R. Lindsay	Otol	.....	433	.....	9,306	2	7/1	1-2	25.00
Wesley Memorial Hospital ♦[1]	Chicago	W. A. Mann	Oph	383		.....	.....	2	1/1, 7/1	1-3½	25.00
		T. P. O'Connor	Otol†	.....	1,076	.....	.....	1	1/1, 7/1	1-3½	25.00
Woodlawn Hospital ♦[1]	Chicago	F. M. Whitsell	Oph	168	.....	.....	.....	1	1/1	1-3	200.00
Indianapolis General Hospital ♦	Indianapolis	J. M. Masters	Oph	193	.....	6,045	.....	3	7/1	1-2	70.00
		R. M. Dearman	Otol	.....	612	.....	4,126	2	7/1	1-2	70.00
Indiana University Medical Center ♦[1]	Indianapolis	R. M. Masters	Oph	272	.....	2,961	.....	7	7/1	1	33.33
		C. H. McCaskey	Otol	.....	496	.....	1,858	3	7/1	1	33.33
University Hospitals ♦[1]	Iowa City	C. S. O'Brien	Oph	1,182	.....	6,177	.....	10	7/1	1	50.00
		D. M. Lierle	Otol	.....	2,076	.....	7,073	9	7/1	3	50.00
University of Kansas Hospitals ♦[1]	Kansas City, Kan.	S. E. Roberts	Otol	.....	825	.....	2,192	1	.....	1	.....
Louisville General Hospital ♦	Louisville, Ky.	C. Townes and J. S. Bumgardner	Op Ot	152	61	5,539	3,381	1	7/1	1	45.00
Charity Hospital of Louisiana ♦[1]	New Orleans		Op Ot	1,248	1,955	16,194	18,166	13	7/1	1-3	25.00
Eye, Ear, Nose and Throat Hospital[1]	New Orleans	W. R. Buffington	Oph	1,387	.....	16,846	.....	7	7/1	1	.....
		F. E. LeJeune	Otol	.....	4,468	.....	25,168	6	7/1	1	.....
Touro Infirmary ♦	New Orleans	E. E. Allgeyer and S. Cohen	Op Ot	76	674	1,770	1,807	1	7/1	1	17.50
Baltimore Eye, Ear and Throat Charity Hospital[1]	Baltimore		Op Ot	4,075		11,556	7,278	5	7/1	2	10.00
Johns Hopkins Hospital[1]	Baltimore	A. C. Woods	Oph	1,588	.....	18,997	.....	7	.....	1+	.....
		S. J. Crowe	Otol	.....	1,280	.....	12,271	4	.....	1+	.....
†South Baltimore General Hospital ♦	Baltimore	S. L. Fox	Otol	.....	650	.....	1,356	2	7/1	1-2	75.00
University Hospital ♦[1]	Baltimore	C. Clapp and E. A. Looper	Op Ot	23	786	4,110	2,663	1	7/1	1-2	.....
		G. B. Fred	Otol	.....	747	.....	2,264	1	10/1	1	41.66
Beth Israel Hospital ♦	Boston	J. J. Regan and E. J. Monahan	Op Ot	544	2,774	14,906	14,422	2	.....	1	66.67
Boston City Hospital ♦[1]	Boston	W. B. Hoover	Otol	.....	.....	.....	.....	2	.....	1-3	.....
Lahey Clinic	Boston	A. D. Ruedemann and J. M. Robb	Op Ot	222	778	10,682		4	7/1	1+	167.00
Massachusetts Eye and Ear Infirmary[1]	Boston	E. B. Dunphy	Oph	1,871	.....	42,399	.....	12	Varies	2+	.....
		L. A. Schall	Otol	.....	2,170	.....	30,171	9	Varies	2+	.....
†Massachusetts Memorial Hospitals ♦[1]	Boston	E. J. Johnson	Otol	.....	.....	.....	686	1	Varies	1	50.00
Memorial Hospital ♦[1]	Worcester, Mass.	A. L. Caron	Otol	.....	2,030	.....	793	1	.....	1-2	100.00
University Hospital ♦[1]	Ann Arbor, Mich.	F. B. Fralick	Oph	588	.....	13,800	.....	4	.....	.....	.....
		A. C. Furstenberg	Otol	.....	758	.....	9,889	4	7/1	1-3	111.40
City of Detroit Receiving Hospital ♦[1]	Detroit	J. M. Robb	Op Ot	222	778	10,682		4	7/1	1+	167.00
Grace Hospital ♦	Detroit	R. S. Goux	Op Ot	1,446		2,445		2	7/1	1-3	75.00
Harper Hospital ♦[1]	Detroit	R. H. Pino and J. M. Robb	Op Ot	1,201	652	4,446	1,256	6	7/1	1	118.00
Henry Ford Hospital ♦[1]	Detroit	E. L. Whitney	Oph	359	.....	16,321	.....	3	7/1	1-3	200.00
		J. L. Dill	Otol	.....	1,160	.....	18,372	3	7/1	1-3	200.00
Wayne County General Hospital and Infirmary ♦[1]	Eloise, Mich.	F. L. Iverson	Op Ot	580	.....	4,252	.....	2	7/1	1	216.25
Minneapolis General Hospital ♦[1]	Minneapolis	W. K. Haven and R. E. Priest	Op Ot	102	131	2,956	1,965	3	1/1 7/1	1-3	115.00

Numerical and other references will be found on page 89

14. OPHTHALMOLOGY AND OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated[a] Oph.	Inpatients Treated[a] Otol.	Outpatient Visits Oph.	Outpatient Visits Otol.	Asst., Res., and Assistant Officers[b]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
University Hospitals☆[d]	Minneapolis	E. Hansen	Oph	221	.....	5,768	.....	12	7/1	1-3	$115.00
		L. R. Boies	Otol	.....	326	.....	1,141	8	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn.	W. L. Benedict	Oph	(See page 89)				8	.....	1-3	.....
		H. I. Lillie	Otol	.....	.....	.....	.....	10	.....	1-3	.....
Ancker Hospital☆[j]	St. Paul	B. O'Reilley	Op Ot	102	290	2,933	1,742	1	11/1	3	91.50
Charles T. Miller Hospital☆	St. Paul	F. Burch	Oph	1,002	.....	3,594	.....	2	Varies	1-3	115.00
St. Louis County Hospital☆	Clayton, Mo.	J. Green	Oph	82	.....	1,853	.....	1	7/1	1-3	80.00
Children's Mercy Hospital	Kansas City, Mo.	D. Underwood and J. Howard	Op Ot	413		998	1,330	1	.....	1	.....
Kansas City General Hospital No. 1☆	Kansas City, Mo.	A. J. Baer	Oph	141	.....	3,075	.....	2	7/1	1-2	50.00
		J. S. Knight	Otol	.....	528	.....	3,079	1	1/1	1-2	50.00
Barnes Hospital☆[d]	St. Louis	L. T. Post	Oph	1,435	.....	2,165	.....	7	7/1	1-3	.....
		T. E. Walsh	Otol	.....	2,630	.....	1,017	9	7/1	1-3	10.00
Homer G. Phillips Hospital☆	St. Louis	W. H. Meinberg and T. Walsh	Op Ot	169	401	2,719	2,218	3	7/1	1	80.00
Jewish Hospital☆[d]	St. Louis	M. Fineberg	Otol	.....	346	.....	.....	1	.....	1	.....
St. Louis City Hospital☆[d]	St. Louis	D. Bisno	Oph	252	.....	3,644	.....	2	7/1	1	95.00
		E. H. Lyman	Otol	.....	556	.....	3,911	1	7/1	1	95.00
St. Mary's Group of Hospitals☆	St. Louis	W. H. Luedke	Oph	230	.....	7,552	.....	3	Varies	3	35.00
		R. J. McMahon	Otol	.....	743	.....	4,515	2	Varies	3	35.00
University of Nebraska Hospital☆[d]	Omaha	J. H. Judd	Oph	110	.....	.....	.....	2	7/1	1-3	75.00
Jersey City Hospital☆[d]	Jersey City, N. J.	F. X. Brophy and M. G. Borrone	Op Ot	248	1,501	5,622	6,408	3	Varies	1-3	35.00
Newark City Hospital☆	Newark, N. J.		Otol	.....	.....	.....	.....	1	.....	1	.....
Newark Eye and Ear Infirmary	Newark, N. J.	R. H. Rogers	Oph	1,001	.....	6,161	.....	2	Varies	1	.....
		W. M. Brown	Otol	.....	1,795	.....	4,250	3	Varies	1	.....
Albany Hospital☆[d]	Albany, N. Y.	H. K. Tebbutt, Jr.	Otol	.....	954	.....	1,720	2	7/1	1	41.66
Brooklyn Eye and Ear Hospital	Brooklyn	W. T. Moore	Oph	2,370	.....	45,540	.....	8	Varies	2	None
		G. R. O'Brien	Otol	.....	5,707	.....	43,945	4	1/1, 7/1	2	None
Jewish Hospital☆[d]	Brooklyn	E. L. Berger	Otol	.....	334	.....	3,114	1	.....	1	30.00
Kings County Hospital☆	Brooklyn	W. Mochle	Oph	496	.....	8,973	.....	2	1/1, 7/1	2	50.00
		H. Lee	Otol	.....	1,471	.....	5,074	2	7/1	1-2	50.00
Long Island College Hospital☆[d]	Brooklyn	J. N. Evans	Oph	187	.....	4,235	.....	5	7/1	4	25.00
		C. R. Werth	Otol	.....	527	.....	1,922	2	7/1	2-3	25.00
Buffalo General Hospital☆	Buffalo	C. C. Cott	Otol	.....	763	.....	4,292	3	7/1	1-3	25.00
Edward J. Meyer Memorial Hospital☆[d]	Buffalo	I. J. Koenig	Oph	99	.....	3,201	.....	4	7/1	3	100.00
		H. E. Bauer	Otol	.....	122	.....	1,836	2	7/1	3	100.00
Queens General Hospital☆[d]	Jamaica, N. Y.	W. G. Frey	Oph	162	.....	5,212	.....	1	8/1	1	70.00
		M. S. Bender	Otol	.....	1,063	.....	4,586	3	7/1	2	70.00
New Rochelle Hospital☆	New Rochelle, N. Y.	A. L. Beck	Op Ot	1,579		650	663	1	7/1	1-2	100.00
Bellevue Hospital, Div. III—N. Y. Univ.☆[d]	New York City	D. B. Kirby	Oph	433[b]	.....	11,558[b]	.....	6	Varies	1+	45.00
		M. J. Daly	Otol	.....	2,833[b]	.....	13,194[b]	6	Varies	1-2	45.00
†Beth Israel Hospital☆	New York City	M. L. Som	Otol	.....	540	.....	2,685	2	7/1	1-3	50.00
Bronx Eye and Ear Infirmary☆	New York City	W. B. Allen	Oph	758	.....	13,627	.....	1	7/1	1	50.00
		W. M. Dunning	Otol†	.....	2,037	.....	13,864	1	7/1	1	50.00
Flower and Fifth Avenue Hospitals☆[d]	New York City	J. W. Hetrick	Otol	.....	329	.....	2,016	2	6/1	1	None
Goldwater Memorial Hospital☆[d]	New York City	J. W. Smith	Oph	1,290	.....	1,109	.....	3	7/1	1	70.00
Harlem Eye and Ear Hospital	New York City	C. B. Meding and E. Grabscheid	Op Ot	593	1,903	15,892	17,769	3•,	1/1, 6/1	3	.....
Harlem Hospital☆[d]	New York City	H. J. Burman	Otol	.....	758	.....	6,300	2	7/1	1	70.00
Institute of Ophthalmology	New York City		(Unit of Presbyterian Hospital)								
Lenox Hill Hospital☆[d]	New York City	J. J. Reid	Oph	316	.....	.....	.....	1	Varies	1½	50.00
		C. F. Obererender	Otol†	.....	1,109	.....	.....	1	Varies	1-2	50.00
Manhattan Eye, Ear and Throat Hospital[d]	New York City		Oph	2,529	.....	78,216	.....	10	Varies	2½	.....
			Otol	.....	8,508	.....	56,594	6	Varies	2	.....
Metropolitan Hospital☆[d]	New York City	C. A. Turtz	Oph	82	.....	3,217	.....	1	7/1	1	.....
		A. W. Hetrick	Otol	.....	212	.....	2,317	1	7/1	1	120.00
†Morrisania City Hospital☆	New York City	G. Gilmore	Otol	.....	739	.....	2,801	1	7/1	1	60.00
Mount Sinai Hospital☆[d]	New York City		Oph	.....	.....	.....	.....	3	7/1	1-2	50.00
			Otol	.....	.....	.....	.....	3	7/1	1-2	50.00
New York City Hospital☆[d]	New York City	H. B. Judd	Otol	.....	411	.....	3,828	3	7/1	1	120.00
New York Eye and Ear Infirmary[d]	New York City	C. Berens	Oph	6,587	.....	.....	.....	13	10/1	2+	.....
		S. Craig	Otol	.....	.....	66,628	39,106	13	10/1	2+	.....
New York Polyclinic Medical School and Hospital☆	New York City	C. E. McDannald and S. J. Kopetsky	Op Ot	188	718	.....	.....	3	7/1	2	25.00
New York Post-Graduate Medical School and Hospital☆	New York City	R. Aebli	Oph	314	.....	7,301	.....	3	Varies	2	.....
		A. Nilsen	Otol	.....	809	.....	6,885	4	Varies	2	.....
Presbyterian Hospital☆[d]	New York City	J. H. Bunnington	Oph	2,629	.....	31,294	.....	9	.....	3	41.66
		E. P. Fowler	Otol	.....	2,167	.....	24,635	6	.....	3	41.66
Roosevelt Hospital☆[d]	New York City	C. N. Harper	Otol	.....	639	.....	2,804	2	7/1	1-2	70.00
St. Luke's Hospital☆	New York City	W. G. Frey	Oph	181	.....	8,309	.....	1	1/1, 7/1	1½	50.00
		W. Fowlkes	Otol	.....	1,189	.....	9,076	3	Varies	1-3	50.00
Rochester General Hospital☆[d]	Rochester, N. Y.	E. R. Vernon and E. J. Avery	Op Ot	180	1,182	1,206	1,886	2	7/1	1-2	70.00
Strong Memorial-Rochester Municipal Hospitals☆[d]	Rochester, N. Y.	J. F. Glaser	Oph	325	.....	5,042	.....	2	7/1	1-2	41.66
		C. A. Heatly	Otol	.....	1,270	.....	4,421	2	7/1	1-2	41.66
Sea View Hospital[d]	Staten Island, N. Y.	J. Gilbert	Otol	.....	1,638	.....	.....	2	1/1, 7/1	1	45.00
Syracuse University Medical Center☆	Syracuse, N. Y.	G. D. Hoople	Otol	.....	500[b]	.....	1,000[b]	1	7/1	1-2	75.00
Grasslands Hospital☆[d]	Valhalla, N. Y.	W. C. Wood	Otol	95	.....	3,390	.....	2	7/1	1-2	75.00
		M. T. Smith	Otol	.....	280	.....	2,220	1	7/1	1-2	75.00
†Charlotte Memorial Hospital☆[d]	Charlotte, N. C.	V. K. Hart	Otol	.....	602	.....	.....	1	.....	1	.....
Duke Hospital☆[d]	Durham, N. C.	W. B. Anderson and W. W. Eagle	Op Ot	395	620	3,396	3,200	6	7/1	1	83.33
†North Carolina Baptist Hospital☆[d]	Winston-Salem, N. C.	J. A. Harrill	Otol	.....	461	.....	222	1	7/1	1-3	41.66
Cincinnati General Hospital☆[d]	Cincinnati	D. Lyle	Oph	368	.....	7,981	.....	2	7/1	1-3	.....
		H. Goodyear	Otol	.....	689	.....	5,277	2	7/1	1-3	.....
City Hospital☆[d]	Cleveland	G. L. Miller	Oph	162	.....	4,587	.....	2	7/1	1	70.00
		C. W. Engle	Otol	.....	695	.....	3,480	2	7/1	1	70.00
Cleveland Clinic Foundation Hospital[d]	Cleveland	P. M. Moore	Otol	.....	686	.....	16,131	2	7/1	1-3	100.00
St. Luke's Hospital☆	Cleveland	W. Jacoby	Oph	288	.....	1,970	.....	1	6/24	1	90.00
		T. W. Theburn	Otol	.....	2,485	.....	1,560	2	6/25	1	90.00
University Hospitals☆[d]	Cleveland	A. B. Bruner	Oph	909	.....	5,522	.....	3	7/1	1+	25.00
		C. Pitkin	Otol	.....	1,727	.....	3,845	3	7/1	1+	25.00

Numerical and other references will be found on page 89

14. OPHTHALMOLOGY AND OTOLARYNGOLOGY—Continued

Name of Hospital	Location	Chief of Service	Residencies Approved	Inpatients Treated 6 Oph.	Inpatients Treated 6 Otol.	Outpatient Visits Oph.	Outpatient Visits Otol.	Asst. Res. and Residencies Offered[4]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
Starling-Loving University Hospital[3]	Columbus, Ohio	A. Culler	Oph	227	.....	3,155	.....	3	7/1	1-3	$ 50.00
		H. G. Beatty	Otol	.....	249	.....	1,737	1	7/1	1-3	50.00
University Hospitals	Oklahoma City	J. B. McGee and T. G. Wails	Op Ot	180	293	2,507	1,321	2	7/1	1-2	35.00
University of Oregon Medical School Hospitals and Clinics[3]	Portland, Ore.	K. C. Swan	Oph	210	.....	9,657	.....	4	7/1	3	75.00
		G. L. Boyden	Otol	.....	503	.....	4,271	2	7/1	1-2	75.00
George F. Geisinger Memorial Hospital[3]	Danville, Pa.	C. H. Jacobs	Oph	211	.....	6,612	.....	1	7/1	1-2	75.00
		F. W. Davison	Otol	.....	825	.....	7,864	2	7/1	1-2	25.00
Episcopal Hospital[3]	Philadelphia	J. A. Bertolet and O. C. Hirst	Otol	.....	963	.....	3,120	1	.....	1	50.00
Graduate Hospital of the University of Pennsylvania	Philadelphia	E. Spaeth	Oph	776	.....	3,094	.....	2	7/1	1-2	.....
		E. Campbell	Otol	.....	1,623	.....	2,282	3	7/1	1-2	.....
Hosp. of the University of Pennsylvania[3]	Philadelphia	F. H. Adler	Oph	671	.....	8,554	.....	6	7/1	3	.....
		H. P. Schenck	Otol?	.....	1,185	.....	3,176	3	Varies	1-3	.....
Jefferson Medical College Hospital	Philadelphia	H. J. Williams and L. H. Clerf	Otol	.....	2,134	.....	11,712	3	.....	1	.....
†**Pennsylvania Hospital**	Philadelphia	E. H. Campbell	Otol	.....	558	.....	3,235	1	6/15	1	20.00
Philadelphia General Hospital[3]	Philadelphia		Oph	133	.....	.....	.....	1	.....	1-3	70.00
			Otol?	.....	172	.....	.....	1	.....	1-3	70.00
Temple University Hospital[3]	Philadelphia	G. Gibson	Oph	343	.....	2,508	.....	3	7/1	3	50.00
		M. S. Ersner	Otol	.....	1,531	.....	2,330	1	7/1	3	50.00
Wills Hospital[3]	Philadelphia	F. C. Parker	Oph	4,090	.....	101,731	.....	12	Varies	2	None
Eye, Ear, Nose and Throat Hospital[3]	Pittsburgh	J. G. Linn and J. H. McCready	Op Ot	1,372	4,202	12,159	.....	8	1/1	2	41.66
Mercy Hospital[3]	Pittsburgh	W. L. Allison	Otol	.....	729	.....	2,281	3	9/1	1-2	100.00
Knoxville General Hospital	Knoxville, Tenn.	H. E. Christenberry, Jr.	Op Ot	374	.....	991	.....	1	7/1	1	60.00
†**John Gaston Hospital**	Memphis, Tenn.	W. L. Simpson	Otol	.....	729	.....	5,401	2	7/1	1	.....
Memphis Eye, Ear, Nose and Throat Hosp.	Memphis, Tenn.	J. B. Stanford and S. H. Sanders	Op Ot	3,792		.....	.....	4	.....	1	40.00
Nashville General Hospital[3]	Nashville, Tenn.	J. C. Chandliss	Op Ot	413		3,600		1	7/1	1-2	70.00
Vanderbilt University Hospital[3]	Nashville, Tenn.		Otol	.....	.....	.....	.....	1	.....	1	.....
Parkland Hospital[3]	Dallas, Texas	G. Jones and J. D. Singleton	Op Ot	426		4,365		1	7/1	1	50.00
John Sealy Hospital (Univ. of Texas Medical Branch)[3]	Galveston, Texas	J. M. Robison	Otol		572		5,547	3	.....	1-3	50.00
Jefferson Davis Hospital[3]	Houston, Texas	J. D. Walker	Oph	273		3,476		1	7/1	1-3	50.00
		H. H. Burns	Otol		539		3,216	1	7/1	1-3	50.00
University of Virginia Hospital[3]	Charlottesville, Va.	E. Burton	Oph	323		3,195		2	7/1	1-4	31.00
		F. W. Woodward	Otol	.....	1,093	.....	4,771	4	7/1	1-4	62.00
Medical College of Virginia, Hosp. Div.[3]	Richmond, Va.	R. H. Courtney and P. N. Pastore	Op Ot	475	652	5,047	2,310	6	7/1	1	.....
Gill Mem. Eye, Ear and Throat Hospital	Roanoke, Va.	F. G. Gill	Op Ot	282	1,127	6,502	6,663	4	1/1, 7/1	1-2	130.00
King County Hospital	Seattle	J. A. Weber	Op Ot	613		1,638	1,511	1	7/1	1	125.00
State of Wisconsin General Hospital[3]	Madison, Wis.	F. A. Davis	Oph	621	.....	4,493	.....	3	7/1	3	25.00
		W. M. Nesbit	Otol	.....	658	.....	.....	2	7/1	3	25.00
Milwaukee County Hospital[3]	Milwaukee	T. F. McCormack and E. A. Wahleck	Op Ot	266	192	4,609	1,866	3	7/1	1-3	82.26

15. ORTHOPEDIC SURGERY

The following services are approved by the Council and the American Board of Orthopedic Surgery (See footnote ½ to 3 for number of years credit, also 14)

Hospitals, 239, Assistant Residencies and Residencies, 718

Name of Hospital	Location	Chief of Service	Type of Training[5]	Inpatients Treated[6]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered[4]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Months)
United States Army											
Letterman General Hospital[3]	San Francisco	O. B. Bolbaugh	AFS	920	2,736	3	3	5	1/1	1-2	a
Fitzsimons General Hospital[3]	Denver	J. H. Forsee	AFS	986	2,665	3	3	6	1/1	1-2	a
Walter Reed General Hospital[3]	Washington, D. C.	D. E. Hamilton	AFS	1,368	5,000	4	2	6	1/1	1-2	a
Oliver General Hospital[3]	Augusta, Ga.	E. Delne	AFS	1,946	1,243	3	1	8	1/1	1-3	a
Brooke General Hospital[3]	San Antonio, Texas	M. S. Thompson	AFS	2,698	3,668	2	2	8	1/1	1-2	a
United States Navy											
U. S. Naval Hospital[3½]	Long Beach, Calif.	R. R. Myers	AF	1,779	2,644	1	1	2	Varies	1½	a
U. S. Naval Hospital[3]	Oakland, Calif.		AFS	2,067		21	15	2	.....	1-2	a
U. S. Naval Hospital[3½]	San Diego, Calif.	H. A. Gross	AF	2,165	10,275	3½	3	2	Varies	1½	a
U. S. Naval Hospital[3]	Bethesda, Md.	F. P. Kresa, Jr.	AFS	939	650	6	5	3	Varies	1-2	a
U. S. Naval Hospital[3]	Chelsea, Mass.		AFS	468	1,490	..	..	1	.....	1-2	a
U. S. Naval Hospital[3]	St. Albans, N. Y.	E. H. Osterlich	AFS	1,140				3	10/1	1-3	a
U. S. Naval Hospital[3]	Philadelphia	C. F. Morrison	AFS	1,502	10,245	15	3	4	Varies	1-2	a
United States Public Health Service											
U. S. Marine Hospital[3]	Baltimore	J. D. Lane, Jr.	A	1756	1,1765	..	..	1	7/1	1	a
U. S. Marine Hospital[3½]	Stapleton, L. I., N. Y.	A. A. Michele	AF	1,669	6,013	4	1	6	7/1	1-3	a
Veterans Administration											
Veterans Admin. Hospital[3]	Los Angeles	R. Mazet, Jr.	AFS	578	12,236	..	..	1	7/1	2	$275.00
Veterans Admin. Hospital[3½]	San Francisco	J. J. Louttenbriger and F. J. Cox	AF	249	600	1	1	3	7/1	1-3	275.00
Veterans Admin. Hospital[3]	Van Nuys, Calif.	J. A. Weinberg	AFS	585	2,530	7	2	3	1/1, 7/1	2-3	275.00
†**Veterans Admin. Hospital**[3½]	Fort Logan, Colo.		AF	346	.....	..	..	2	Varies	1-3	275.00
Veterans Admin. Hospital[3½]	Chamblee, Ga.	R. T. Shields	AF	720	.....	6	3	4	7/1	1-3	275.00
Veterans Admin. Hospital[3]	Hines, Ill.	H. A. Sofield	AFS	1,154		12	5	6	Varies	1-3	275.00
Veterans Admin. Hospital[3½]	Indianapolis	H. L. Eglert	AF	320	160	3	2	1	1/1, 7/1	1-3	275.00
Veterans Admin. Hospital[3½]	Wadsworth, Kan.		AF	663	.....	..	..	3	Varies	1-3	275.00

Numerical and other references will be found on page 89

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training[4]	Inpatients Treated[5]	Outpatient Visits	Deaths	Autopsies	Basal Rec. and Isotopes Offered[6]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Veterans Admin. Hospital[2]	Louisville, Ky.	A. K. Fischer	AFS	1,315	300	5	2	3	7/1	1	$275.00
Veterans Admin. Hospital[2]	New Orleans	R. H. Alldredge	AFS	410	822	4	2	4	7/1	2-3	275.00
Veterans Admin. Hospital[2]	Fort Howard, Md.	J. Lyford	AFS	440	.....	..	2	3	Varies	1-3	275.00
Veterans Admin. Hospital (West Roxbury)[11]	Boston	J. Barr	AS	550	1,267	2	1	1	6/1	1-2	275.00
Veterans Admin. Hospital[2]	Framingham, Mass.	H. H. Faxon	AFS	634	.....	5	4	1	7/1	1-2	275.00
Veterans Admin. Hospital[2]	Minneapolis	E. T. Evans	AFS	996	.....	3	3	9	.....	2	275.00
Veterans Admin. Hospital[2]	Jefferson Barracks, Mo.		AFS	.....	.....	..	..	1	.....	1-2	275.00
Veterans Admin. Hospital[2]	Lincoln, Nebr.	J. E. M. Thomson	AF	330	275	1	1	3	Varies	1-3	275.00
Veterans Admin. Hospital[11]	Albuquerque, N. Mex.		AF	249[b]	.....	..	..	1	Varies	1-2	275.00
Veterans Admin. Hospital[2]	New York City		AFS	815	4,148	6	2	9	1/1, 7/1	2-3	275.00
Veterans Admin. Hospital[2]	Staten Island, N. Y.	D. M. Bosworth	A	522	940	..	..	2	7/1	1-2	275.00
Veterans Admin. Hospital[2]	Cleveland	P. F. Partington	AFS	377	.....	2	1	3	7/1	2	275.00
Veterans Admin. Hospital[2]	Oklahoma City	W. K. West	AFS	.....	2,330	..	..	2	7/1	1-2	275.00
Veterans Admin. Hospital[2]	Portland, Ore.	H. Blair	AFS	740	.....	2	2	2	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Aspinwall, Pa.	D. I. Schwartz	AFS	600	.....	..	..	2	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Columbia, S. C.	H. M. Bowman	AFS	233	.....	1	..	3	1/1	1-3	275.00
Veterans Admin. Hospital[2]	Memphis, Tenn.	D. M. Street	AFS	826	884	3	3	7	7/1	1-3	275.00
Veterans Admin. Hospital[11]	Dallas, Texas		AF	825[b]	.....	..	..	3	7/1	1-2	275.00
Veterans Admin. Hospital[2]	McKinney, Texas	M. Freiberg	AFS	919	.....	2	2	3	.....	1-3	275.00
Veterans Admin. Hospital[2]	Richmond, Va.	R. C. Farrow	AFS	388	262	2	2	3	Varies	1-1½	275.00
Veterans Admin. Hospital[11]	Milwaukee, Wis.	P. L. Carnesale	AF	871	2,095	8	4	4	7/1	1-3	275.00
Nonfederal											
Jefferson-Hillman Hospitals[2]	Birmingham, Ala.	G. D. Sherrill	ACFS	1,835	3,619	29	12	3	7/1	1-2	50.00
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company[1½]	Fairfield, Ala.	C. H. Wilson	F	653	7,841	7	..	2	7/1	1-3	200.00
City Hospital[2,15]	Mobile, Ala.	W. Hannon	ACF	998	952	28	3	3	1/1	1-2	90.00
Arkansas Children's Home and Hospital[2]	Little Rock, Ark.	W. V. Newman	C	310	.....	1	..	1	.....	1	.....
Children's Hospital[2]	Los Angeles	J. C. Wilson	C	564	2,887	3	3	1	7/1	1-3	208.00
Los Angeles County Hospital[2]	Los Angeles	V. Thompson	AFS	4,724	31,354	183	18	10	Varies	3	165.00
Orthopaedic Hospital[2]	Los Angeles	A. Brockway	ACFS	2,192	36,770	3	1	4	.....	2-3	150.00
Highland-Alameda County Hospital[2]	Oakland, Calif.	L. C. Barnard	ACFS	529	.....	27	5	1	.....	1-3	130.00
Samuel Merritt Hospital[2]	Oakland, Calif.	W. P. Holcomb	AFS	1,106	.....	10	2	2	7/1	1-2	110.00
San Diego County General Hospital[2,15]	San Diego, Calif.	F. Macpherson	AF	450	1,726	54	4	1	7/1	1	187.00
Children's Hospital[2,7]	San Francisco	L. C. Abbott	C	403	.....	..	..	2	7/1	1	50.00
Franklin Hospital[2,7]	San Francisco	F. C. Bost and L. C. Abbott	A	1,005	.....	14	13	4	7/1	1	100.00
St. Mary's Hospital[1½]	San Francisco	V. Dillon	F	999[b]	.....	..	..	2	4/1	1	100.00
San Francisco Hospital[2,7,15]	San Francisco	F. C. Bost	AF	357	.....	9	..	2	.....	1	175.00
Shriners Hospital for Crippled Children[1]	San Francisco	F. C. Bost	C	2,300	2,608	..	..	2	4/1	1+	100.00
Stanford University Hospitals[1½]	San Francisco	D. E. King	AS	712	4,333	5	..	2	7/1	1-2	50.00
University of California Hospital[7,15]	San Francisco	L. C. Abbott	A	220	6,640	..	..	2	Varies	1	100.00
Santa Clara County Hospital[1½]	San Jose, Calif.	J. Josephson	AF	.....	.....	..	..	1	.....	1	180.00
Children's Hospital[2,7]	Denver	H. I. Barnard	C	474	3,030	..	..	2	1/1, 7/1	1	50.00
University of Colorado Medical Center Colorado General Hospital[2,7]	Denver	H. I. Barnard	AFS	234	1,866	11	4	1	7/1	1-2	85.00
Denver General Hospital[1½, 20]	Denver	H. I. Barnard	AF	1,780	1,914	84	58	1	1/1	1-2	50.00
†St. Luke's Hospital[2]	Denver	R. G. Packard	C	294	722	3	1	1	7/1	1	50.00
†Corwin Hospital[1½]	Pueblo, Colo.	W. D. Boyer	F	867	16,558	16	6	1	7/1	1	75.00
Hartford Hospital[2,7]	Hartford, Conn.		AFS	1,420	.....	20	8	1	1/1, 7/1	1-3	50.00
Grace-New Haven Community Hospital New Haven Unit (University Service)[2,7]	New Haven, Conn.	M. Eveneth	AFS	325	.....	6	2	2	7/1	3	40.00
Hospital of St. Raphael[2]	New Haven, Conn.	D. O'Connor	A	489	361	14	2	2	7/1	1	75.00
Newington House for Crippled Children[1,7]	Newington, Conn.	M. M. Pike	C	306	1,986	..	..	2	1/1, 7/1	1	100.00
Alfred I. du Pont Institute of the Nemours Foundation[1,7]	Wilmington, Del.	A. R. Shands, Jr.	C	156	1,814	..	..	2	7/1	1	100.00
Central Dispensary and Emergency Hosp.[2,15]	Washington, D. C.	F. M. Hand	F	1,105	1,450	10	1	1	7/1	1	100.00
Freedmen's Hospital[2,7]	Washington, D. C.	J. Neviaser	ACFS	295	3,491	12	1	1	7/1	1-3	116.66
Gallinger Municipal Hospital[2,7]	Washington, D. C.	M. C. Cubby	ACFS	474	4,680	21	7	4	7/1	1-2	75.00
Hope Haven Hospital[1]	Jacksonville, Fla.	F. L. Fort	C	341	802	..	..	1	7/1	1	100.00
James M. Jackson Memorial Hospital[2,7]	Miami, Fla.	A. H. Weiland	ACF	1,519	2,315	45	20	2	7/1	1	95.50
Grady Memorial Hospital[2]	Atlanta, Ga.	T. P. Goodwyn	AFS	857	7,826	28	11	1	7/1	1	20.00
University Hospital[2]	Augusta, Ga.	P. B. Wright	ACFS	535	556	19	2	2	7/1	1-2	40.00
Scottish Rite Hosp. for Crippled Children	Decatur, Ga.	J. H. Kite	C	280[b]	.....	..	..	1	1/1	1	150.00
Children's Memorial Hospital[1]	Chicago	E. L. Compere	C	.....	1,557	1	1	1	1/1, 7/1	1+	75.00
Cook County Hospital[1½]	Chicago	F. G. Murphy	AF	450	7,280	19	..	3	1/1, 7/1	1-3	27.50
Michael Reese Hospital[2,7]	Chicago	P. Lewin	AC	511	2,577	3	2	2	7/1	1	25.00
Passavant Memorial Hospital[2]	Chicago			.....	.....	..	..	1	.....	1	.....
Research and Educational Hospitals[2]	Chicago	F. A. Chandler	ACFS	599	7,667	4	3	6	7/1	1-3	55.00
St. Elizabeth Hospital[1½]	Chicago	C. Scuderi	F	297	.....	2	..	1	1/1, 7/1	½	.....
St. Luke's Hospital[2,7]	Chicago	F. A. Chandler	A	1413	1,038	11	4	2	7/1	1	.....
Shriners Hospital for Crippled Children[1]	Chicago	H. A. Sofield	C	274	2,105	..	..	3	7/1	1	60.00
University of Chicago Clinics[2,7]	Chicago	C. H. Hatcher	ACFS	677	5,412	5	4	4	7/1	1-3	25.00
Wesley Memorial Hospital[2,7]	Chicago	E. L. Compere	AFS	1,352	.....	9	3	4	1/1, 7/1	1+	25.00
Evanston Hospital[1½]	Evanston, Ill.	V. C. Turner	AF	563	1,249	5	1	1	.....	3	50.00
St. Francis Hospital[1½]	Evanston, Ill.	J. P. Fahey	AF	799	.....	25	1	1	7/1	1	50.00
West Suburban Hospital[1½]	Oak Park, Ill.	H. A. Sofield	AF	325	.....	2	..	1	1/1, 7/1	6 mos.	100.00
†St. Francis Hospital[2,15]	Peoria, Ill.	H. E. Cooper	ACF	675	4,024	2	..	1	7/1	1-2½	150.00
Indianapolis General Hospital[1½]	Indianapolis	E. B. Mumford	AF	806	6,614	51	16	4	7/1	1-2	70.00
Indiana University Medical Center[2,7]	Indianapolis	J. J. Garceau	ACFS	1,128	7,838	14	5	6	.....	1-3	33.33
Methodist Hospital[1½]	Indianapolis	L. L. Shuler	AF	1,316	.....	29	10	2	7/1	1-2	200.00
St. Vincent's Hospital[2]	Indianapolis	G. J. Garceau	AFS	1,097	.....	27	2	2	1/1	3	200.00
Iowa Methodist Hospital[1½]	Des Moines, Iowa	E. M. George	AF	219	.....	11	5	1	7/1	1-2	75.00
Mercy Hospital[1]	Iowa City	A. Steindler	A	555	928	1	..	1	7/1	1	.....
University Hospitals[2,15, 7]	Iowa City	A. Steindler	ACS	2,710	4,522	6	5	7	7/1	1	50.00
University of Kansas Hospitals[2, 27]	Kansas City, Kan.	F. D. Dickson	ACFS	625	2,097	15	5	1	.....	1	.....
Kosair Crippled Children's Hospital[1]	Louisville, Ky.	R. T. Hudson	C	730	.....	1	1	3	1/1	1	100.00
Louisville General Hospital[2]	Louisville, Ky.	F. K. Armand	AFS	534	5,552	19	3	2	7/1	1	45.00
Charity Hospital of Louisiana[2,7]	New Orleans		ACFS	2,875	29,784	70	7	14	7/1	1-3	25.00
Louisiana State University Unit[2]	New Orleans	H. T. Simon	ACFS	(See Charity Hospital)							
Tulane University Unit[2]	New Orleans	G. A. Caldwell	ACFS	(See Charity Hospital)							
Foundation Hospital[2]	New Orleans	G. A. Caldwell	AFS	302	8,861	2	1	4	1/1, 7/1	2	150.00
Touro Infirmary[2]	New Orleans	G. A. Caldwell	AC	447	770	1	..	1	.....	1-2	17.50
Shreveport Charity Hospital[2]	Shreveport, La.	T. M. Oxford	ACFS	1,453	6,109	26	8	2	7/1	1-3	60.00
Shriners Hospital for Crippled Children[1]	Shreveport, La.	G. D. Caldwell	C	102	801	..	..	1	7/1	1-2	100.00
Children's Hospital School[1]	Baltimore	G. E. Bennett	C	380	150	3	..	2	7/1	4-6	None
James Lawrence Kernan Hospital for Crippled Children[1]	Baltimore	A. F. Voshell	C	299	4,244	1	..	2	7/1	1	100.00
Johns Hopkins Hospital[2,7]	Baltimore	R. Johnson	AFS	575	10,886	7	3	5	.....	1+	.....
Boston City Hospital[2,11]	Boston	J. H. Shortell	AF	1,022	38,476	18	4	2	.....	1+	66.67

Numerical and other references will be found on page 89

15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training[a]	Inpatients Treated[b]	Outpatient Visits	Deaths	Autopsies and Rate, and Residents Offered[c]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
Children's Hospital[1] ◆½ + 29	Boston	W. Green	CS	625	21,176	1	1 8	Varies	.....	$ 41.67
Lahey Clinic[1]	Boston	G. E. Hazzard	A	...	...	..	.. 4	Varies	1-2	125.00
Massachusetts General Hospital ◆[2] + 29	Boston	G. W. Van Gorder	ACFS	3664	.....	..	.. 2	7/1	1-2	41.67
Peter Bent Brigham Hospital ◆½[2]	Boston	W. T. Green	AF	458	2,600	..	1 1	1/1, 7/1	1-2	83.33
Shriners Hospital for Crippled Children[1]	Springfield, Mass.	G. Hough	C	271	2,953	1	.. 2	1/1	1-2 +	33.00
Worcester City Hospital ◆[2]	Worcester, Mass.	J. W. O'Meara	ACFS	798	1,724	29	8 2	1/1, 7/1	1-3	50.00
University Hospital ◆[2] +	Ann Arbor, Mich.	C. E. Badgley	ACFS	1,379	10,953	10	6 6	7/1	1	111.40
Children's Hospital[2] + 29	Detroit	F. D. Fischer	C	256	2,328	..	.. 2	.....	1	50.00
City of Detroit Receiving Hospital ◆½ + 29	Detroit	A. D. LaFerte	F	925	9,338	..	.. 2	7/1	1	167.00
Harper Hospital ◆[2] + 29	Detroit	A. D. LaFerte	A	906	.....	..	.. 3	7/1	1	118.00
Henry Ford Hospital ◆[2] +	Detroit	C. L. Mitchell	ACFS	1,182	14,879	10	2 3	7/1	1-3	200.00
Blodgett Memorial Hospital ◆½[2]	Grand Rapids, Mich.	J. T. Hodgen	ACF	137	.....	..	.. 1	7/1	1-3	175.00
Borgess Hospital ◆½[2]	Kalamazoo, Mich.	H. Stryker	AF	...	.....	..	.. 1	.....	1	.....
Shriners Hospital for Crippled Children[1]	Minneapolis	W. H. Cole	C	133	385	..	.. 1	7/1	1	.....
University Hospitals ◆[2] +	Minneapolis	W. H. Cole	A	162	1,595	3	1 12	7/1	1-3	115.00
Mayo Foundation[2]	Rochester, Minn.	R. K. Ghormley	AFS	(See page 89		..	.. 16	.....	1	.....
Gillette State Hospital for Crippled Children[1] ◆	St. Paul	C. C. Chatterton	C	753	6,547	5	4 4	1/1, 7/1	1	91.50
Mississippi Baptist Hospital[2]	Jackson, Miss.	T. H. Blake	C	464	.....	..	.. 1	.....	1	.....
University Hospitals[1]	Columbia, Mo.	W. J. Stewart	C	173	997	2	1 1	.....	1	.....
Children's Mercy Hospital[2]	Kansas City, Mo.	N. Pickard	C	261	2,269	..	.. 2	7/1	1	50.00
Kansas City General Hospital No. 1 ◆[2]	Kansas City, Mo.	R. Diveley	AF	867	4,539	46	19 2	7/1	1	75.00
St. Luke's Hospital ◆[2]	Kansas City, Mo.	J. Jackson	ACF	568	.....	..	.. 1	.....	1-3	75.00
Barnes Hospital ◆[2]	St. Louis	J. A. Key	ACFS	662	2,963	9	4 1	7/1	1-5	25.00
St. Louis City Hospital ◆½ +	St. Louis	E. Holscher	F	1,173	770	107	7 2	7/1	1	95.00
St. Mary's Group of Hospitals ◆[2]	St. Louis	A. O'Reilly	ACFS	470	4,061	9	3 6	Varies	3	35.00
Shriners Hospital for Crippled Children[2]	St. Louis	..... Lord	C	405	.....	..	.. 1	.....	1	.....
Nebraska Orthopedic Hospital[1] +	Lincoln, Neb.	H. W. Orr	C	769	1,910	17	10 1	7/1	1-2	150.00
University of Nebraska Hospital ◆[2] +	Omaha	R. D. Schrock	ACFS	118	.....	1	1 2	7/1	1-3	75.00
Jersey City Hospital ◆½[2] +	Jersey City, N. J.	S. B. Sprague	AF	797	8,411	41	4 3	Varies	1-3	35.00
Monmouth Memorial Hospital ◆½[2]	Long Branch, N. J.	A. Hanenhoff	AF	817	1,399	15	10 2	1/1	1	150.00
Hospital and Home for Crippled Children[2]	Newark, N. J.	A. Stahl and H. H. Kessler	AC	418	.....	2	.. 2	.....	1+	.....
New Jersey Orthopaedic Hosp. and Disp.[2]	Orange, N. J.	H. W. Smith	AC	772	13,302	4	2 2	1/1	2	90.00
Orthopedic Hospital Dispensary[1]	Trenton, N. J.	R. B. Ernest	A	301	1,895	4	.. 1	7/1	1	150.00
Carrie Tingley Hospital for Crippled Children[1]	Hot Springs, N. Mex.	W. L. Minear	C	412	.....	1	1 2	1/1, 7/1	1-2	50.00
Albany Hospital ◆[2] +	Albany, N. Y.	J. W. Ghormley	A	233	299	6	1 2	7/1	1	41.66
Binghamton City Hospital ◆[2]	Binghamton, N. Y.	C. M. Allaben	AC	346	.....	1	1 2	7/1	1-2	100.00
House of St. Giles the Cripple[1] +	Brooklyn	J. B. L'Episcopo	C	195	9,320	..	.. 1	1/1	1	100.00
Kings County Hospital ◆[2]	Brooklyn	C. C. Vitale	ACFS	504	7,380	4	3 3	7/1	3	50.00
Long Island College Hospital ◆[2] +	Brooklyn	H. C. Fett	AFS	339	7,496	1	1 3	7/1	1-3	50.00
Methodist Hospital ◆[2] +	Brooklyn	P. Lange	A	605	1,869	9	1 3	7/1	1-3	25.00
St. Charles Hospital Orthopedic Clinic[1]	Brooklyn	H. C. Fett	C	252	3,900	..	.. 3	7/1	1	100.00
Buffalo General Hospital ◆[2]	Buffalo	F. N. Potts	AFS	799	576	16	3 5	7/1	1-3	25.00
Children's Hospital[1]	Buffalo	F. N. Potts	C	324	.....	2	.. 2	1/1, 7/1	1	50.00
Edward J. Meyer Memorial Hospital ◆[2] +	Buffalo	A. A. Gartner	AFS	131	1,300	1	.. 4	7/1	3	100.00
Millard Fillmore Hospital ◆[2]	Buffalo	A. A. Gartner	A	687	.....	8	2 2	.....	1-4	50.00
Meadowbrook Hospital ◆½[2]	Hempstead, N. Y.	O. C. Hudson	F	598	.....	48	18 1	7/1	1	115.00
Queens General Hospital ◆[2]	Jamaica, N. Y.	T. C. Courten	AFS	235	8,402	9	1 3	7/1	3	70.00
Nassau Hospital ◆½[2] +	Mineola, N. Y.	O. C. Hudson	AF	815	2,495	20	3 3	7/1	1	100.00
Bellevue Hospital, Div. IV—Open Div. ◆[2] +	New York City	A. Krida	AC	750	5,933	..	.. 4	1/1, 7/1	1-3	45.00
Flower and Fifth Avenue Hospitals ◆½[2] +	New York City	A. Bingham	AF	322	1,084	2	.. 1	7/1	1	.....
Hospital for Joint Diseases ◆½[2] +	New York City	S. Kleinberg and H. Mayer	ACS	2,694	35,813	20	8 20	1/1	1-3	40.00
Hospital for Special Surgery[2]	New York City	P. D. Wilson	ACFS	1,450	23,353	5	2 10	Varies	2	50.00
Lenox Hill Hospital ◆½[2] +	New York City	W. Galland	AF	392	.....	4	.. 2	Varies	1-2	50.00
Metropolitan Hospital ◆[2] +	New York City	M. J. Wilson	AFS	634	2,019	41	1 4	7/1	1-2	120.00
Mount Sinai Hospital ◆[2] +	New York City	R. K. Lippmann	AFS	6554	7,506	..	.. 3	1/1, 7/1	1-2	50.00
New York Orthopaedic Disp. and Hospital	New York City	.....	(Unit of Presbyterian Hospital)							
Presbyterian Hospital ◆[2] +	New York City	A. Smith	ACFS	1,751	64,350	10	.. 22	.....	1-3	41.66
St. Luke's Hospital ◆[2] +	New York City	M. Cleveland	ACFS	598	4,541	11	6 3	Varies	1-3	50.00
St. Charles Hospital for Crippled Children[1]	Port Jefferson, N. Y.	F. S. Child	C	202	.....	4	.. 1	7/1	1-2	150.00
Rochester General Hospital ◆[2] +	Rochester, N. Y.	H. B. Crawford	A	743	1,806	10	10 1	7/1	1	70.00
Strong Memorial-Rochester Municipal Hospitals ◆[2] +	Rochester, N. Y.	R. P. Schwartz	ACFS	601	5,373	..	.. 3	7/1	1-2	41.66
New York State Reconstruction Hospital[2]	W. Haverstraw, N. Y.	J. C. McCauley, Jr.	AC	468	767	6	.. 4	7/1	1	152.00
Charlotte Memorial Hospital ◆[2] +	Charlotte, N. C.	H. Winkler	A	1,140	983	12	6 3	.....	1-3	.....
Duke Hospital ◆[2] + [2]	Durham, N. C.	L. D. Baker	ACFS	703	4,407	..	.. 16	7/1	1	83.33
North Carolina Orthopedic Hospital[1]	Gastonia, N. C.	W. M. Roberts	C	588	4,875	10	.. 2	.....	1	40.00
North Carolina Baptist Hospital ◆[2] +	Winston-Salem, N. C.	R. A. Wilson	AFS	342	5,993	6	1 1	.....	1-3	.....
Children's Hospital[2] +	Akron, Ohio	W. A. Hoyt	C	319	1,257	9	2 2	7/1	1-2	95.00
City Hospital ◆½[2]	Akron, Ohio	H. R. Conn	AF	467	.....	1	.. 5	7/1	1-3	100.00
Children's Hospital[1]	Cincinnati	A. Freiberg	C	323	1,152	..	m	7/1	1	None
Cincinnati General Hospital ◆[2]	Cincinnati	H. Miberg	AFS	250	8,012	120	82 16	7/1	1-2	.....
Jewish Hospital ◆[2]	Cincinnati	J. A. Freiberg	A	544	.....	7	5 1	7/1	6 mos.	75.00
Cleveland Clinic Foundation Hospital[2]	Cleveland	J. A. Jackson	ACFS	519	12,656	1	.. 6	7/1	1+	100.00
Mount Sinai Hospital ◆½[2]	Cleveland	R. S. Reich	AF	933	1,467	7	4 2	7/1	1	100.00
St. Luke's Hospital ◆[2]	Cleveland	C. Wills	AFS	999	2,022	33	3 6	6/25	1	60.00
University Hospitals ◆[2] +	Cleveland	M. Hartin	ACFS	632	3,077	6	.. 2	7/1	1	25.00
Children's Hospital[1]	Columbus, Ohio	E. H. Wilson	C	437	2,006	..	.. 2	1/1, 7/1	1	60.00
Mount Carmel Hospital ◆½[2]	Columbus, Ohio	E. H. Wilson	AF	1,143	1,820	22	5 1	1/1	1	110.00
White Cross Hospital ◆½[2]	Columbus, Ohio	J. D. Wilson	AF	668	.....	13	4 1	7/1	1-3	100.00
St. Vincent's Hospital ◆[2] +	Toledo, Ohio	B. G. Hein and A. L. Bershon	ACFS	883	129	9	1 3	7/1	1-3	100.00
Youngstown Hospital ◆[2]	Youngstown, Ohio	R. K. Morrall	AFS	1,003	1,259	20	8 1	7/1	1+2	100.00
Bone and Joint Hospital-McBride Clinic[1]	Oklahoma City	D. McBride	C	...	23,550	5	2 4	7/1	1-2	150.00
University Hospitals ◆[2]	Oklahoma City	W. K. West	ACFS	1,050	6,724	23	6 6	7/1	1-2	33.00
Emanuel Hospital ◆½[2]	Portland, Ore.	R. E. Begg	AF	699	.....	2	1 2	7/1	1-3	75.00
Shriners Hospital for Crippled Children[1]	Portland, Ore.	L. S. Lucas	C	332	.....	..	.. 1	.....	1	.....
University of Oregon Medical School Hospitals and Clinics ◆[2] +	Portland, Ore.	L. S. Lucas	AFS	423	4,733	37	10 6	7/1	1	75.00
State Hospital for Crippled Children[1]	Elizabethtown, Pa.	T. Outland	C	193	1,707	3	1 2	4/1	1	175.00
Hamot Hospital ◆½[2] +	Erie, Pa.	A. G. Davis	AF	1,140	594	6	2 2	.....	1	.....
Graduate Hospital of the Univ. of Pa. ◆½[2]	Philadelphia	J. Nicholson	AS	150	1,299	7	1 1	7/1	1-3	.....
Hahnemann Hospital ◆[2]	Philadelphia	E. O. Geckeler	AFS	606	.....	10	.. 2	.....	1-3	50.00
Hosp. of the Univ. of Pennsylvania ◆[2] +	Philadelphia	P. C. Colonna	ACFS	670	4,955	3	1 6	7/1	1-3	50.00
Jefferson Medical College Hospital ◆[2]	Philadelphia	J. R. Martin	AFS	516	3,883	5	1 3	.....	1-3	.....
Philadelphia General Hospital ◆[2] +	Philadelphia	J. R. Moore	ACFS	629	.....	96	.. 3	.....	1-3	70.00
Shriners Hospital for Crippled Children[1] +	Philadelphia	J. R. Moore	C	184	2,624	..	.. 3	1/1	1-3	80.00

[a] Numerical and other references will be found on page 89

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15. ORTHOPEDIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Type of Training[4]	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residents Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Temple University Hospital[2, 4]	Philadelphia	J. R. Moore	AFS	675	3,912	14	4	2	7/1	3	$50.00
Allegheny General Hospital[2]	Pittsburgh	J. A. Heberling and F. B. Steele	ACFS	1,030	1,592	11	3	2	9/1	3	100.00
Children's Hospital[1, 4]	Pittsburgh	W. O. Markell	C	295	2,331	..	1	1	1/1	1-3	75.00
Presbyterian Hospital[2, 4]	Pittsburgh	J. S. Donaldson	AFS	339	..	3	1	1	.....	1-3	41.67
St. Francis Hospital[4]	Pittsburgh	C. C. Yount	A	246	3,179	..	1	1	7/1	1	110.00
Robert Packer Hospital[2]	Sayre, Pa.	G. Hammond	AFS	802	4,093	12	6	2	7/1	1-3	150.00
Rhode Island Hospital[4]	Providence, R. I.	H. McCusker	ACFS	539	..	2	1	1	7/1	1	50.00
Roper Hospital[2]	Charleston, S. C.	F. A. Hoshall	ACFS	659	3,097	15	4	2	7/1	1-4	25.00
Shriners Hospital for Crippled Children[1, 4]	Greenville, S. C.	J. W. White	C	289	1,679	..	..	3	7/1	1	100.00
Baroness Erlanger Hospital[4, 15]	Chattanooga, Tenn.	R. C. Robertson	AF	890	1,059	19	5	1	7/1	1	150.00
Willis C. Campbell Clinic Hospital[2]	Memphis, Tenn.	J. S. Speed	ACFS	1,650	12,366	19	..	11	1/1, 7/1	3	50.00
Baylor University Hospital[4, 15]	Dallas, Texas	F. L. Butte	A	1,257	496	12	2	2	7/1	1-3	50.00
Parkland Hospital[4, 15]	Dallas, Texas	P. M. Girard	F	546	2,740	10	1	2	7/1	3	50.00
Texas Scottish Rite Hospital for Crippled Children[4]	Dallas, Texas	B. Carrell	C	736	4,077	1	..	3	7/1	1	75.00
Harris Memorial Methodist Hospital[4, 15]	Fort Worth, Texas	C. F. Clayton	AF	754	2,750	4	1	1	7/1	1-2	100.00
John Sealy Hospital (Univ. of Texas Medical Branch)[2, 4]	Galveston, Texas	G. W. N. Eggers	AFS	485	3,573	5	1	3	.....	1-3	50.00
Hermann Hospital[4, 15]	Houston, Texas	E. T. Smith	AF	406	758	7	2	1	4/1, 7/1	1	50.00
Jefferson Davis Hospital[4, 15]	Houston, Texas	E. M. Cowart	F	652	2,436	19	2	1	7/1	1-3	50.00
Methodist Hospital[2, 4]	Houston, Texas	J. B. Foster	C	278	974	1	1	1	Varies	1	90.00
St. Joseph's Infirmary[4, 15]	Houston, Texas	J. B. Foster	AF	1,468	600	..	..	1	.....	1	150.00
Scott and White Hospital[4, 15]	Temple, Texas	H. B. Macey	A	534	..	2	1	1	.....	1+	150.00
University of Virginia Hospital[2, 4]	Charlottesville, Va.	R. V. Funsten	ACFS	379	3,881	7	..	4	7/1	1-4	62.00
Crippled Children's Hospital[4]	Richmond, Va.	W. T. Graham	C	..	..	1	..	2	1/1	1-2	100.00
Medical College of Virginia, Hosp. Div.[2]	Richmond, Va.	H. P. Mauck	AFS	891	3,123	16	7	5	7/1	1	.....
Children's Orthopedic Hospital[1, 2, 20]	Seattle	J. LeCocq	C	452	4,684	..	..	2	4/1, 7/1	1	125.00
King County Hospital[2, 15, 20]	Seattle	R. Anderson	AF	820	3,153	36	14	1	7/1	1	125.00
Providence Hospital[2, 20]	Seattle	I. O. McLemore	A	548	..	1	1	1	7/1	1	100.00
Swedish Hospital[4, 15, 20]	Seattle	J. LeCocq	AF	690	..	2	2	1	.....	1	.....
Charleston General Hospital[4, 15]	Charleston, W. Va.	G. Miyakawa	AF	995	6,643	11	4	2	1/1	1+	125.00
St. Mary's Hospital[4, 15]	Huntington, W. Va.	F. Scott	AF	1,545	661	..	1	1	7/1	1+	100.00
Morris Memorial Hospital[4]	Milton, W. Va.	C. B. Smith	C	398	..	..	..	2	.....	1	100.00
State of Wisconsin General Hospital[2, 4]	Madison, Wis.	R. E. Burns	ACFS	1,479	6,152	30	28	5	7/1	3	25.00
†Columbia Hospital[2]	Milwaukee, Wis.	H. C. Schoman	AFS	580	..	8	3	1	7/1	1-3	50.00
Milwaukee Children's Hospital[1, 4]	Milwaukee	F. R. Jauney	C	5,051	25,968	79	60	7	7/1	3	75.00
Shriners Hospital for Crippled Children[1]	Honolulu, Hawaii	R. N. Hatt	C	128	2,367	..	..	1	7/1	1	.....

16. OTOLARYNGOLOGY

(See Ophthalmology)

17. PATHOLOGY

The following services are approved by the Council and the American Board of Pathology
(See footnotes 1, 2 and 3 for number of years credit)

Hospitals, 328; Assistant Residencies and Residencies, 794

Name of Hospital	Location	Chief of Service	Inpatients Treated	Surgical Specimens	Number Examined Microscopically	Autopsy Percentage	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army										
Letterman General Hospital[2]	San Francisco	K. F. Ernst	15,298	3,472	3,472	96	5	1/1	1-3	a
Fitzsimons General Hospital[2]	Denver	H. W. Mahon	14,796	4,213	4,213	83	3	1/1	1-3	a
Army Institute of Pathology[1]	Washington, D. C.						1	.....	1	a
Walter Reed General Hospital[2]	Washington, D. C.	V. H. Cornell	12,453	5,096	4,942	83	3	1/1	1-3	a
Oliver General Hospital[2]	Augusta, Ga.	J. M. Blumberg	8,403	3,649	3,649	81	2	1/1	1-3	a
Percy Jones General Hospital[2]	Battle Creek, Mich.	R. M. Thompson	9,335	1,289	1,240	100	4	1/1, 7/1	1-2	a
Brooke General Hospital[2]	San Antonio, Texas	E. DeCoursey	20,840	3,128	3,128	69	5	7/1	1-3	a
Gorgas Hospital[2]	Ancon, C.Z.	L. B. Bates	14,263	2,621	2,621	65	3	1/1	1-3	a
United States Navy										
U. S. Naval Hospital[2]	Long Beach, Calif.	A. F. Braff	16,732	3,380	3,380	90	2	Varies	3	a
U. S. Naval Hospital[2]	Oakland, Calif.	J. S. Shaver	17,320	9,027	1,865	48	2	Varies	3	a
U. S. Naval Hospital[2]	San Diego, Calif.	A. W. Eaton	22,238	2,643	2,643	75	3	Varies	1-3	a
U. S. Naval Hospital[2]	Bethesda, Md.	W. M. Silliphant	14,298	3,377	3,377	81	2	Varies	1-3	a
U. S. Naval Hospital[2]	Brooklyn	B. H. Smith	6,033	1,265	1,195	53	2	Varies	1	a
U. S. Naval Hospital[2]	St. Albans, N. Y.	D. J. Cracovaner	10,837	1,945	1,926	67	2	10/1	1-3	a
U. S. Naval Hospital[2]	Philadelphia	T. W. Bennett	21,897	2,170	2,170	54	2	Varies	1-3	a
United States Public Health Service										
U. S. Marine Hospital[2]	New Orleans	G. Adams	6,697	1,466	1,035	77	1	1/1	1-3	a
U. S. Marine Hospital[2]	Baltimore	C. H. Binford	7,963	13,497	13,497	76	2	7/1	1-3	a
Veterans Administration										
Veterans Admin. Hospital[2]	Los Angeles	L. Kapian	10,089	3,753	3,753	76	2	9/1	2-3	$275.00
Veterans Admin. Hospital[2]	San Diego, Calif.	F. J. Melnick	6,806	1,654	1,654	80	1*	1/1, 7/1	1-3	275.00
Veterans Admin. Hospital[2]	Van Nuys, Calif.	H. Rappaport	3,565	1,300	1,175	79	2	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Washington, D. C.	W. L. McNamara	20,220	59,651	59,651	48	1	Varies	3-4	275.00
Veterans Admin. Hospital[2]	Hines, Ill.	K. R. Cross	4,795	1,310	1,310	54	3	1/1	3-4	275.00
Veterans Admin. Hospital[2]	Des Moines, Iowa	H. Gordon	8,712	2,000	1,988	75	1	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Louisville, Ky.	J. Ziskind	4,084	849	849	78	1	7/1	1-3	275.00
Veterans Admin. Hospital[2]	New Orleans, La.	W. B. VandeGrift	4,050	621	610	55	2	Varies	1-3	275.00
Veterans Admin. Hospital[2]	Fort Howard, Md.	J. D. Houghton	5,233	1,451	1,435	76	1	1/1	1-3	275.00
Veterans Admin. Hospital[2]	Boston	H. J. Linn	3,437	521	521	56	2	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Dearborn, Mich.	E. Olson	10,168	4,132	4,107	47	3	1/1, 7/1	1-3	275.00
Veterans Admin. Hospital[2]	New York City	O. Auerbach	3,724	1,480	1,480	79	2	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Staten Island, N. Y.	J. T. Kahe	7,520	3,364	3,364	55	1	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Cleveland, Ohio	G. J. Brilleyer	6,405	1,625	1,625	51	3	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Aspinwall, Pa.	D. J. Greiner	10,295	3,464	2,654	73	3	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Memphis, Tenn.	J. M. Lubitz	6,830	2,808	1,262	53	2	7/1	1-3	275.00
Veterans Admin. Hospital[2]	Milwaukee, Wis.									
Nonfederal										
Jefferson-Hillman Hospital[2, 4]	Birmingham, Ala.	R. D. Baker	21,928	3,474	3,460	37	5	7/1	1-3	50.00
Employees Hospital of the Tennessee Coal, Iron and R.R. Company[1]	Fairfield, Ala.	L. C. Posey and J. A. Cunningham	8,117	1,127	1,054	40	1	7/1	1-3	200.00

Abbreviations and other references will be found on page 89

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17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatient Treatment	Surgical Specimens	Number Examined Microscopically	Autopsy Percentage	Asst. Res. and Residents Offered	Rotations of Service Offered	Length of Basic Stipend Offered (Years)	Remarks Regarding Stipend (Monthly)
University Hospital[2]	Little Rock	A. Nettleship	4,145	3,446	3,336	45	3	7/1	1	$80.00
Loma Linda Sanitarium and Hospital[2]	Loma Linda, Calif.	C. A. Small and E. G. Hoxie	5,035			60	7	7/1	1-2	125.00
Cedars of Lebanon Hospital[2]	Los Angeles	R. Straus	10,952	4,824	3,697	33	2	7/1	1-3	50.00
Children's Hospital[2,4]	Los Angeles	R. E. Knutti	5,220	371	360	91	2	7/1	1-3	150.00
Hospital of the Good Samaritan[2,4]	Los Angeles	R. Hammack and G. G. Boner	11,452	5,016	2,825	34	1	7/1	1	200.00
Los Angeles County Hospital[2,4]	Los Angeles	E. M. Butt	58,418	10,020	9,240	41	4	Varies	2	165.00
St. Vincent's Hospital[2]	Los Angeles	J. E. Kahler	13,948	3,747	2,494	52	1	7/1	1	.....
White Memorial Hospital[2]	Los Angeles	O. B. Pratt	8,901	4,725	3,957	60	5	.....	1-3	167.33
Highland-Alameda County Hospital[2]	Oakland, Calif.	R. J. Parsons	9,136	1,640	1,115	46	2	.....	1-3	150.00
Permanente Foundation Hospital[2]	Oakland, Calif.	M. Friedman	11,872	4,495	2,840	66	1	7/1	1	125.00
Collis P. and Howard Huntington Memorial Hospital[2]	Pasadena, Calif.	A. G. Foord	10,249	6,020	4,835	67	3	1/1, 7/1	1-3	85.00
Mercy Hospital[2]	San Diego, Calif.	D. A. DeSanto	13,594			28	1	7/1	1-3	100.00
French Hospital[2,4]	San Francisco	G. A. Watson	4,915	2,721	1,504	46	1	.....	1	.....
Mount Zion Hospital[2,4]	San Francisco	G. R. Bashford	5,961	2,432	1,857	54	3	7/1	1	50.00
San Francisco Hospital[2]	San Francisco		18,736	2,119	2,119	30	9	.....	1	175.00
Stanford University Hospital[2,4]	San Francisco	A. J. Cox	11,246	2,246	2,246	57	2	7/1	1-2	50.00
University of California Hospital[2]	San Francisco	J. F. Rinehart	8,891	3,299	3,299	67	2	7/1		
Santa Clara County Hospital[2]	San Jose, Calif.	H. Gifford	6,082	923	591	46	1	8/1, 9/1	1	50.00
Santa Barbara Cottage Hospital[2]	Santa Barbara, Calif.	W. O. Russell	6,154	3,128	2,995	69	2	7/1	1-2	.....
Children's Hospital[2]	Denver	H. D. Palmer	9,507	376	376	93	1	8/1, 9/1	1	50.00
University of Colorado Medical Center Colorado General Hospital[2]	Denver	J. B. McNaught	4,995	1,614	1,582	82	4	7/1	1-3	7/1
Denver General Hospital[2,23]	Denver	J. B. McNaught	9,382	1,134	1,680	37	1	7/1	1-3	95.00
St. Luke's Hospital[2]	Denver	W. C. Black	9,441	7,167	4,454	51	1	7/1	1-2	50.00
Colorado State Hospital[2]	Pueblo, Colo.	J. Sullivan	1,200	190	182	50	1	5/1	1	50.00
Bridgeport Hospital[2]	Bridgeport, Conn.	I. B. Akerson	12,585	3,033	3,033	38	1	.....	.....	125.00
Hartford Hospital[2]	Hartford, Conn.	R. E. Kendall	23,855	7,650	6,879	55	3	7/1	1-3	150.00
St. Francis Hospital[2]	Hartford, Conn.	L. F. Hastings	15,592	4,043	4,043	32	1	.....	1	.....
New Britain General Hospital[3]	New Britain, Conn.	F. D. Rosahan	7,762	2,783	1,803	53	1	7/1	1	.....
Grace-New Haven Community Hospital New Haven Unit (University Service)[2,4]	New Haven, Conn.	C. J. Bartlett	6,573	2,486	1,791	37	1	7/1	3	40.00
Norwalk Hospital[2]	Norwalk, Conn.	R. N. Barnett	7,507	2,041	1,996	34	2	7/1	1	.....
Delaware Hospital[2]	Wilmington, Del.	J. W. Howard	9,464	3,030	3,030	56	1	7/1	1	90.00
Memorial Hospital[2]	Wilmington, Del.	J. W. Hooker	5,636			51	1	.....	1-3	.....
Children's Hospital[4]	Washington, D. C.	E. C. Rice	7,731	459	105	80	1	.....	1	.....
Doctors' Hospital[4]	Washington, D. C.	O. B. Hunter	8,771	2,968	2,402	74	1	.....	1-3	100.00
Gallinger Municipal Hospital[2,4]	Washington, D. C.	A. D. Monaco	21,116	2,160	2,238	55	2	7/1	1-2	75.00
Garfield Memorial Hospital[2,4]	Washington, D. C.	E. C. Rice	11,464	2,250	1,504	50	1	7/1	1-3	150.00
Georgetown University Hospital[2]	Washington, D. C.	C. G. Geschickter	6,844	934	934	54	8	7/1	1-3	.....
George Washington University Hospital[2]	Washington, D. C.	R. M. Chouser	3,063	591	591	67	3	.....	1-3	.....
Providence Hospital[2]	Washington, D. C.	H. H. Leffler	12,351	3,600	2,208	68	3	7/1	1-2	75.00
Sibley Memorial Hospital[2]	Washington, D. C.	O. B. Hunter	11,588	3,924	3,667	68	1	7/1	1-2	100.00
St. Vincent's Hospital[4]	Jacksonville, Fla.	N. A. Murray	13,545	4,747	2,199	36	1	7/1	1	100.00
James M. Jackson Memorial Hospital[2]	Miami, Fla.	P. R. Reack	18,207	4,014	3,610	32	1	7/1	1	60.00
Crawford W. Long Memorial Hospital[2]	Atlanta, Ga.	D. Ayer	16,093	2,911	2,911	40	2	7/1	1-2	75.00
Grady Memorial Hospital[2,4]	Atlanta, Ga.	W. Sheldon	16,347	3,883	3,883	50	1	7/1	1	20.00
University Hospital[2,4]	Augusta, Ga.	E. R. Pund	14,532	3,192	2,988	25	1	7/1	1-2	40.00
Emory University Hospital[2]	Emory University, Ga.	S. Madden	9,757	2,743	2,743	46	2	7/1	1	50.00
Augustana Hospital[2]	Chicago	G. Miller	7,737	3,279	2,750	48	3	1/1	1-2	50.00
Children's Memorial Hospital[2,4]	Chicago	J. F. Smanda	4,057	273	273	57	1	7/1	1	79.17
City of Chicago Municipal Tuberculosis Sanit.[1]	Chicago	H. C. Sweany	1,389	405	1,840	36	3	1/1, 7/1	1	.....
Cook County Hospital[2,4]	Chicago	H. Popper	72,273	6,651	.....	23	30	1/1, 7/1	1	.....
Grant Hospital[2]	Chicago	C. C. Mason and H. Grimm	7,625	.....	1,698	53	1	7/1	1-3	125.00
Illinois Masonic Hospital[2]	Chicago	L. S. King	6,542	1,875	1,698	57	3	.....	1-3	.....
Mercy Hospital[2]	Chicago	J. W. Henry	9,320	2,869	2,460	45	1	7/1	1-3	25.00
Michael Reese Hospital[2,4]	Chicago	O. Saphir	16,081	3,923	3,923	67	7	1/1, 7/1	1-3	25.00
Mount Sinai Hospital[2,4]	Chicago	I. Davidsohn	8,511	2,936	2,899	47	3	7/1	1-3	75.00
Norwegian-American Hospital[2]	Chicago	A. Learner	7,907	1,933	1,525	35	1	.....	1	25.00
Passavant Memorial Hospital[2,4]	Chicago	M. Wheelock	5,838	1,598		68	3	.....	1-3	.....
Presbyterian Hospital[2]	Chicago	G. M. Hass	12,654	4,336	4,336	66	3	1/1, 7/1	1-3	25.00
Provident Hospital[2,4]	Chicago	C. Wesley	4,591	1,591	1,591	54	1	7/1	1-3	25.00
Research and Educational Hospitals[2]	Chicago	G. A. Bennett	6,491	2,744	2,744	83	1	7/1	1-3	85.00
St. Luke's Hospital[2,4]	Chicago	E. T. Hirsch	15,486	6,715		62	8	7/1	1-3	25.00
University of Chicago Clinics[2]	Chicago	F. R. Cannon	12,615	3,943	1,924	79	3	Varies	1-2	85.00
Wesley Memorial Hospital[2,4]	Chicago	J. Leipzig	6,491	2,825	2,647	39	1	1/1, 7/1	1-3+	75.00
Evanston Hospital[2]	Evanston, Ill.	J. C. McCarter	7,995	3,583	2,112	86	2	.....	3	50.00
St. Francis Hospital[2]	Evanston, Ill.	H. I. Brown	10,957	2,387	2,190	60	1	7/1	1	75.00
Methodist Hospital of Central Illinois[2,4]	Peoria, Ill.	D. O. Marshardt	6,700	4,186	2,758	32	1	7/1	1	100.00
St. Francis Hospital[2,4]	Peoria, Ill.	S. Kraus	14,284	4,196	1,543	32	1	7/1	1-3	75.00
St. Joseph Hospital[2]	Fort Wayne, Ind.	S. M. Rahe	7,782	2,624	1,994	38	1	1/1, 7/1	1-2	125.00
Indianapolis General Hospital[2]	Indianapolis	W. Dublin	10,246	2,205	2,173	33	3	7/1	1-3	100.00
Indiana University Medical Center[2,4]	Indianapolis	J. L. Arbogast	10,995	3,175	2,975	36	4	7/1	1-3	83.33
Methodist Hospital[2]	Indianapolis	H. M. Banks	24,752	11,827	7,507	34	1	7/1	1-3	75.00
St. Elizabeth Hospital[2]	LaFayette, Ind.	J. M. McFadden	9,237	1,417	1,393	29	1	7/1	1	100.00
Ball Memorial Hospital[2,4]	Muncie, Ind.	L. G. Montgomery	8,469	5,056	4,250	37	3	7/1	1	100.00
Memorial Hospital[2,11]	South Bend, Ind.		7,913			49	3	7/1	2	150.00
Iowa Methodist Hospital[2]	Des Moines, Iowa	R. F. Birge	10,806	4,120	4,021	54	2	7/1	1-3	75.00
Mercy Hospital[2]	Des Moines, Iowa	F. Coleman	7,912	2,086	2,086	74	10	7/1	1	100.00
University Hospitals[2,4]	Iowa City	E. D. Warner	18,304	4,310		63	3	7/1	1	50.00
University of Kansas Hospitals[2,4]	Kansas City, Kan.	H. R. Wahl	8,463	5,128	3,700	65	4	.....	1-3	.....
St. Francis Hospital[2]	Wichita, Kan.	C. A. Hellwig	13,155	6,388	6,388	41	1	.....	1	.....
Louisville General Hospital[2]	Louisville, Ky.	A. J. Miller	8,053	1,604	1,603	41	3	7/1	1	45.00
Charity Hospital of Louisiana[2,4]	New Orleans	E. Moss	45,781	10,677	10,677	49	10	7/1	1-3	25.00
Southern Baptist Hospital[2]	New Orleans	E. H. Lawson	23,996	6,023	6,023	34	3	7/1	1-2	150.00
Touro Infirmary[2]	New Orleans	S. H. Colvin, Jr.	13,020	5,192	5,192	54	1	7/1	1	17.50
Shreveport Charity Hospital[2]	Shreveport, La.	W. S. Matthews	9,325	3,325	3,325	45	1	7/1	1	80.00
Maine General Hospital[2]	Portland, Me.	J. E. Porter	8,400	1,878	1,878	46	2	.....	1+	50.00
Baltimore City Hospital[2]	Baltimore	C. G. Warner	7,480	956	938	58	3	7/1		55.00
Johns Hopkins Hospital[2]	Baltimore	A. Rich	19,857	4,650	4,650	72	3	.....	1-3	.....
Sinai Hospital[2,4]	Baltimore	J. Weinberg	9,227	3,172	3,172	58	2	7/1	1-3	125.00
University Hospital[2,4]	Baltimore	H. R. Spencer	10,618	3,500	3,500	49	1	.....	1-2	.....
Beverly Hospital[2]	Beverly, Mass.	M. L. Trumbull	5,312	3,711	3,711	67	1	.....	1	50.00
Beth Israel Hospital[2]	Boston	M. J. Schlesinger	5,917	3,141	3,141	55	1	10/1	1-3	79.16
Boston City Hospital[2,4]	Boston	F. Parker, Jr.	36,794	5,787	5,787	34	5	.....	1-3	20.00
Boston Lying-In Hospital[2,4]	Boston	A. T. Hertig	3,425	1,472	1,472	79	2	7/1	1	50.00
Children's Hospital[2,4]	Boston	R. Farber	8,329	1,104	1,104	80	8	Varies	1	41.67

Abbreviations and other references will be found on page 89

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Surgical Specimens	Number Examined Microscopically	Autopsy Percentage	Asst. Res. and Residencies Offered[b]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Massachusetts General Hospital◆	Boston	T. B. Mallory	7,227	8,626‡	8,626‡	...	3	.....	1-3	$ 41.67
Massachusetts Memorial Hospitals◆[1]	Boston	R. Osgood	7,449	2,530	2,530	60	3	1/1, 7/1	1	50.00
New England Deaconess Hospital[2]	Boston	S. Warren	6,838	7,672	7,672	57	3	1/1, 7/1	1	75.00
Peter Bent Brigham Hospital◆[3]	Boston	A. R. Moritz	4,987	1,820	1,820	68	2	.....	1-3	.....
St. Elizabeth Hospital◆[4]	Boston	J. J. Larkin	6,900	2,080	1,786	53	1	7/1	1	75.00
Cambridge City Hospital◆[5]	Cambridge	R. Z. Schulz	6,110	936	936	45	1	7/1	1	60.00
Mount Auburn Hospital◆[6]	Cambridge, Mass.	H. E. MacMahon	6,873	2,191	2,191	41	1	1/1	1	50.00
Salem Hospital◆[7]	Salem, Mass.	D. A. Nickerson	6,077	1,466	1,466	36	1	7/1	1-2	50.00
Pondville Hospital◆[8]	Walpole, Mass.	S. Warren	777	1,941	1,941	81	2	.....	1	200.00
Worcester City Hospital◆[9]	Worcester, Mass.	R. H. Goodale	7,859	3,627	3,129	39	2	.....	1	50.00
Worcester State Hospital[10]	Worcester, Mass.	...	754	37	37	29	1	.....	1	.....
University Hospitals◆[11]	Ann Arbor, Mich.	C. V. Weller	16,101	7,441	7,441	62	1	7/1	1-5	111.00
Leila Y. Post Montgomery Hospital◆[1]	Battle Creek, Mich.	G. W. Schein	7,157	3,185	3,185	49	1	7/1	1-3	125.00
City of Detroit Receiving Hospital◆[12]	Detroit	O. A. Brines	18,183	3,220	3,220	37	4	7/1	3	167.00
Grace Hospital◆[2]	Detroit	C. I. Owen	17,768	12,820	12,820	63	3	7/1	1-3	75.00
Harper Hospital◆[13]	Detroit	P. F. Morse	20,948	6,161	6,161	28	3	7/1	1	118.00
Henry Ford Hospital◆[14]	Detroit	F. W. Hartman	16,116	5,325	5,325	69	3	7/1	1-3	200.00
Herman Kiefer Hospital[3]	Detroit	W. L. Brosius	5,141	288	288	45	1	7/1	1	.....
Providence Hospital◆[15]	Detroit	D. H. Kaump	13,967	3,802	3,802	52	1	7/1	1-3	140.00
St. Mary's Hospital◆[4]	Detroit	M. E. Mann	9,979	3,078	2,921	54	2	7/1	3	.....
Woman's Hospital◆[16]	Detroit	D. C. Beaver	8,757	3,786	3,619	31	1	.....	1	.....
Wayne County General Hospital and Infirmary◆[17]	Eloise, Mich.	S. E. Gould	7,511	2,469	2,469	35	2	7/1	1	216.25
Hurley Hospital◆[5]	Flint, Mich.	G. R. Buckis and R. J. Jennestad	18,099	2,864	2,358	30	1	7/1	1	.....
Blodgett Memorial Hospital[4]	Grand Rapids, Mich.	C. A. Payne	3,611	3,947	3,695	61	1	4/1	1	175.00
Butterworth Hospital◆[6]	Grand Rapids, Mich.	P. A. VanPernis	10,704	...	...	43	1	7/1	1-3	100.00
St. Luke's Hospital◆[7]	Duluth, Minn.	A. H. Wells	9,738	3,382	3,082	75	1	.....	1	.....
St. Mary's Hospital◆[8]	Duluth, Minn.	V. V. Kindl	10,162	5,324	5,324	69	1	.....	1	.....
Minneapolis General Hospital◆[9]	Minneapolis	S. S. Barron	9,259	1,713	1,136	41	1	1/1, 7/1	1-3	115.00
Northwestern Hospital◆[10]	Minneapolis	A. Hertzog	9,200	2,511	2,313	56	1	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn.	J. B. Kernohan (See Page 89)	...	...	...	...	12	.....	1-3	.....
Barker Hospital◆[11]	St. Paul	J. Kodet	7,029	980	822	71	1	7/1	1	91.50
Charles T. Miller Hospital◆[12]	St. Paul	K. Ikels	8,083	3,981	3,427	54	1	1/1	1-3	115.00
St. Louis County Hospital◆[13]	Clayton, Mo.	H. Allen	3,226	818	710	48	1	.....	1-3	.....
Kansas City General Hospital No. 1◆[14]	Kansas City, Mo.	V. Bubler	9,383	3,722	3,202	61	2	7/1	3	50.00
Research Hospital◆[15]	Kansas City, Mo.	H. K. & P. Allcbach	8,628	3,805	3,295	64	1	.....	1-3	100.00
St. Joseph Hospital◆[16]	Kansas City, Mo.	R. W. Kerr	12,163	6,911	3,926	57	1	.....	1-3	100.00
St. Luke's Hospital◆[17]	Kansas City, Mo.	F. C. Helwig	8,630	5,860	4,920	77	6	7/1	1-3	75.00
Barnes Hospital◆[1]	St. Louis	R. A. Moore	15,018	5,491	5,491	72	4	7/1	1-3	25.00
Homer G. Phillips Hospital◆[2]	St. Louis	S. H. Gray	12,117	1,444	1,240	22	2	7/1	1	50.00
Jewish Hospital◆[3]	St. Louis	S. H. Gray	8,547	...	...	42	1	.....	1	.....
Missouri Baptist Hospital◆[4]	St. Louis	W. E. B. Hall	11,859	3,078	2,303	29	1	7/1	1-3	60.00
St. Louis City Hospital◆[5]	St. Louis	S. Gray	17,898	2,652	4,241	53	4	7/1	1	95.00
St. Mary's Group of Hospitals◆[6]	St. Louis	H. Pinkerton	13,720	9,306	8,295	49	3	Varies	1	75.00
Lincoln General Hospital◆[7]	Lincoln, Neb.	F. H. Tanner	6,663	2,459	1,623	46	1	7/1	1	75.00
Creighton Memorial St. Joseph's Hospital◆[8]	Omaha	C. B. Ruesun	12,361	19,918	17,421	41	1	.....	1-3	.....
Nebraska Methodist Hospital◆[9]	Omaha	J. R. Schenken	6,532	2,980	2,980	56	1	7/1	1	75.00
University of Nebraska Hospital◆[10]	Omaha	J. P. Tollman	2,895	829	829	98	2	7/1	1-3	75.00
Mary Hitchcock Memorial Hospital◆[11]	Hanover, N. H.	R. E. Miller	5,491	2,097	1,981	75	2	Varies	1-3	175.00
Elliot Hospital[1]	Manchester, N. H.	S. M. Brooks	3,852	1,511	1,074	53	1	.....	1	.....
Atlantic City Hospital◆[2]	Atlantic City, N. J.	F. W. Konzelmann	8,247	1,424	1,163	35	1	7/1	1	.....
Cooper Hospital◆[3]	Camden, N. J.	W. T. Read, Jr.	9,346	2,321	2,069	35	1	.....	1-3	83.33
West Jersey Hospital◆[4]	Camden, N. J.	G. O. Fayette	8,172	1,720	1,658	58	2	.....	1	150.00
Jersey City Hospitals◆[5]	Jersey City, N. J.	A. Gnassi	21,474	3,887	3,887	28	2	.....	1-3	35.00
Monmouth Memorial Hospital◆[6]	Long Branch, N. J.	J. A. Ferguson	7,023	1,242	1,180	44	1	7/1	1-2	150.00
Newark Beth Israel Hospital◆[7]	Newark, N. J.	W. Antopol	11,129	3,833	3,833	36	9	7/1	1-3	25.00
Newark City Hospital◆[8]	Newark, N. J.	H. S. Maitland	11,019	5,480	4,124	23	2	6/1	3	50.00
Paterson General Hospital◆[9]	Paterson, N. J.	A. H. Davis	9,315	4,202	3,440	40	1	.....	1	100.00
Albany Hospital◆[10]	Albany, N. Y.	A. W. Wright	14,832	6,200	6,200	61	3	7/1	1	41.66
Bender Hygienic Laboratory[1]	Albany, N. Y.	J. C. Clemmer	...	10,541	10,541	...	5	7/1	1-4	150.00
Binghamton City Hospital◆[11]	Binghamton, N. Y.	W. W. Bergstrom	10,811	1,863	1,863	45	2	7/1	1-3	100.00
Brooklyn Hospital◆[12]	Brooklyn	J. A. De Veer	8,913	2,912	2,912	41	4	7/1	1-3	25.00
Cumberland Hospital◆[13]	Brooklyn	S. H. Polayes	6,300	1,000	1,000	49	1	7/1	1	120.00
Jewish Hospital◆[14]	Brooklyn	D. M. Grayzel	15,311	5,473	4,007	45	5	1/1	1	30.00
Kings County Hospital◆[15]	Brooklyn	C. G. Bunn	61,015	5,569	5,569	20	5	7/1	1-2	50.00
Long Island College Hospital◆[16]	Brooklyn	W. H. Cook	9,967	2,576	2,576	38	3	7/1	1	25.00
Maimonides Hospital	Brooklyn	J. Ravid	11,893	2,148	2,148	28	2	.....	1	50.00
Israel Zion Division◆[17]	Brooklyn	J. S. Howe	9,685	2,588	2,555	50	1	7/1	1	25.00
Methodist Hospital◆[1]	Brooklyn	R. Gettinger	4,690	1,403	1,403	43	1	7/1	1	.....
St. John's Hospital◆[2]	Buffalo	K. L. Terplan	10,757	4,334	4,308	46	3	7/1	1-3	25.00
Buffalo General Hospital◆[3]	Buffalo	S. Sanes	10,523	2,781	1,935	46	3	7/1	3	100.00
Edward J. Meyer Memorial Hospital◆[4]	Buffalo	A. V. Stanfield	4,114	4,069	4,040	46	2	.....	1-4	150.00
Meadowbrook Hospital◆[5]	Hempstead, N. Y.	T. J. Curphey	4,941	5,568	1,217	70	2	7/1	1	115.00
Queens General Hospital◆[6]	Jamaica, N. Y.	A. Angrist	14,625	46,500	46,500	45	7	7/1	2	70.00
Mount Vernon Hospital◆[7]	Mount Vernon, N. Y.	J. G. Sharnoff	7,274	2,333	2,327	32	1	7/1	1-2	125.00
Beth Israel Hospital◆[8]	New York City	F. Plaut	18,827	2,943	2,943	43	2	7/1	1	75.00
Bronx Hospital◆[9]	New York City	J. Felsen	9,267	2,233	2,233	37	2	7/1	1-3	75.00
Doctors' Hospital[1]	New York City	J. R. Lisa	6,456	2,889	2,889	49	1	1/1, 7/1	1+	200.00
Flower and Fifth Avenue Hospitals◆[10]	New York City	G. K. Higgins and F. Speer	11,634	16,188	12,174	31	4	6/1	1	.....
Fordham Hospital◆[11]	New York City	L. Ferraro	12,718	...	...	24	3	7/1	1	.....
Goldwater Memorial Hospital◆[12]	New York City	J. Rosenthal	1,372	1,230	1,230	50	5	7/1	1	70.00
Harlem Hospital◆[13]	New York City	S. Weintraub	20,768	7,363	7,363	29	5	1/1, 7/1	1	70.00
Jewish Memorial Hospital◆[14]	New York City	A. Angrist	3,733	1,691	2,190	41	1	7/1	1-2	100.00
Lenox Hill Hospital◆[15]	New York City	R. Paltauf	12,649	3,020	3,018	47	1	Varies	1	50.00
Lincoln Hospital◆[16]	New York City	C. R. Brown	12,770	1,990	1,990	28	3	.....	1-3	60.00
Memorial Hospital◆[17]	New York City	F. W. Stewart	5,300	17,104	17,104	51	5	.....	1-3	.....
Metropolitan Hospital◆[1]	New York City	A. Steigmann	10,721	1,302	1,260	25	1	7/1	1	120.00
Montefiore Hospital for Chronic Diseases◆[2]	New York City	H. M. Zimmerman	2,836	...	...	50	1	1/1, 7/1	1	50.00
Morrisania City Hospital◆[3]	New York City	W. Aronson	12,326	3,539	3,539	23	4	7/1	1	60.00
Mount Sinai Hospital◆[4]	New York City	P. Klemperer	16,171	7,054	7,054	59	13	1/1, 7/1	1-2	50.00
New York City Hospital◆[5]	New York City	J. R. Lisa	10,161	1,634	1,384	47	4	7/1	1	75.00
New York Hospital◆[6]	New York City	J. G. Kidd	20,172	...	...	66	3	7/1	1-3	25.00
New York Post-Graduate Medical School and Hospital◆[7]	New York City	M. N. Richter	9,130	6,032	5,785	39	3	1/1-7/1	1-3	90.00
Presbyterian Hospital◆[8]	New York City	H. P. Smith	29,670	5,701	4,904	66	2	.....	1	62.50
Roosevelt Hospital◆[9]	New York City	W. W. Brandes	8,703	3,115	3,115	36	2	7/1	1	70.00
St. Luke's Hospital◆[10]	New York City	L. C. Knox	9,086	2,477	2,477	41	2	.....	1-3	50.00
St. Vincent's Hospital◆[11]	New York City	A. Rottino	13,116	2,438	2,438	46	2	7/1	1-3	50.00
Sydenham Hospital◆[12]	New York City	A. Ginzler	5,611	1,368	1,368	37	1	7/1	1	75.00
Willard Parker Hospital◆[13]	New York City	V. B. Dolgopol	5,743	87	87	73	1	7/1	1	130.00

Abbreviations and other references will be found on page 89

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatient Deaths	Surgical Specimens	Number Examined Microscopically	Autopsy Percentage	Asst. Res. and Residents Offered*	Beginning of Service (1948)	Length of Service (Months) (Years)	Beginning Stipend (Month)
Rochester General Hospital	Rochester, N. Y.	M. G. Bohrod	12,283	5,757	4,605	75*	2	7/1	1-3	$70.00
St. Mary's Hospital	Rochester, N. Y.	S. M. Bouton	12,472	4,347	3,162	32	2	7/1	1-2	125.00
Strong Memorial—Rochester Municipal Hospitals	Rochester, N. Y.	G. H. Whipple	17,093			72	1	7/1	1-4	83.33
Ellis Hospital	Schenectady, N. Y.	E. Kellert	12,432	3,779	3,779	27	2	7/1	1-3	100.00
Syracuse University Medical Center	Syracuse, N. Y.			4,542‡	4,542‡		1	7/1	1-3	41.66
Samaritan Hospital	Troy, N. Y.	G. H. Klinck	4,367	2,000	2,000	37	1	6/1	1	125.00
Grasslands Hospital	Valhalla, N. Y.	S. Gross	4,470	800	847	38	2	7/1	1-3	75.00
White Plains Hospital	White Plains, N. Y.	H. D. Kesten	6,126			49	1	7/1	1	100.00
Charlotte Memorial Hospital	Charlotte, N. C.	P. Kimmelstiel	10,101	5,554	5,373	50	2	7/1	1-3	75.00
Duke Hospital	Durham, N. C.	W. D. Forbus	13,571	9,780	9,700	59	5	7/1	1	83.33
Watts Hospital	Durham, N. C.	J. U. Gunter	9,889	2,830	2,649	41	1	7/1	1	75.00
North Carolina Baptist Hospital	Winston-Salem, N. C.	R. Morehead	7,321	16,610	16,610	56	4		1-3	
City Hospital	Akron, Ohio	L. Catron	15,712	4,297	4,297	47	2	7/1	1-3	100.00
Aultman Hospital	Canton, Ohio	D. G. Henderson	11,303	1,849	21,262	57	2	7/1	1-2	75.00
Bethesda Hospital	Cincinnati	E. A. Gall	8,626	3,217	2,286	68	1	7/1	1-2	100.00
Christ Hospital	Cincinnati	J. W. Leichliter	10,704	6,643	3,068	36	1	7/1	1	75.00
Cincinnati General Hospital	Cincinnati	R. W. Austin	14,757	2,774	2,648	47	6	7/1	1-2	
Good Samaritan Hospital	Cincinnati	W. McK. Germain	15,632	6,926	9,263	38	1	7/1	1-2	105.00
Jewish Hospital	Cincinnati	P. Wasserman	9,233	3,170	3,927	52	1	7/1	1	75.00
City Hospital	Cleveland	T. Kinney	14,470	2,404	2,404	54	6	7/1	1-4	
Cleveland Clinic Foundation Hospital	Cleveland	J. B. Hazard	8,354	4,058	4,058	46	1	7/1	1-2	100.00
Mount Sinai Hospital	Cleveland	B. S. Kline	9,726	2,984	2,984	45	2	7/1	1	100.00
St. Luke's Hospital	Cleveland	H. Bingaer	12,713	3,823	3,373	49	1	6/15	1	60.00
St. Vincent Charity Hospital	Cleveland	D. J. Rehfuss	8,538	2,281	2,241	41	1	7/1	1+	75.00
University Hospitals	Cleveland	H. T. Karsner	20,121	7,376	7,376	75	6	7/1	1+	25.00
Grant Hospital	Columbus	R. M. Hartwell	10,020	2,498	2,398	34	1	7/1	1	150.00
Starling-Loving University Hospital	Columbus, Ohio	C. L. Burkhart	13,301	3,800	2,901	69	3	7/1	1-3	75.00
White Cross Hospital	Columbus, Ohio	P. S. Fidler	10,769	6,769	5,800	46	1	7/1	1-2	100.00
Miami Valley Hospital	Dayton, Ohio	M. Oosting	13,236			42	1	7/1	1	
Mercy Hospital	Toledo, Ohio	E. L. Burns and J. B. Rucker	11,051	5,506	4,479	49	1	7/1	3	110.00
Toledo Hospital	Toledo, Ohio	B. Steinberg	9,432	2,479	1,887	55	2	7/1	1-3	125.00
Youngstown Hospital	Youngstown, Ohio	H. K. Giffen	18,968	4,041	4,041	44	3	7/1	1-3	100.00
University Hospitals	Oklahoma City	B. Halpert	5,914	2,020	1,942	43	2	7/1	1-2	35.00
Emanuel Hospital	Portland, Ore.	H. H. Foskett	13,910	5,098	5,682	84	1	7/1	1-2	75.00
Good Samaritan Hospital	Portland, Ore.	C. H. Manlove	13,414	4,087	3,545	50	1	7/1	1-3	75.00
St. Vincent's Hospital	Portland, Ore.	F. R. Menne	8,000			40	2		1	
University of Oregon Medical School Hospitals and Clinics	Portland, Ore.	W. C. Hunter	6,437	2,286	2,286	63	6	7/1	1-3	75.00
Abington Memorial Hospital	Abington, Pa.	J. Eiman	7,997	2,819	2,797	53	1	7/1	2	50.00
Allentown Hospital	Allentown, Pa.	J. J. Wenner	11,355	4,915	3,045	39	1	7/1	1-2	100.00
Sacred Heart Hospital	Allentown, Pa.	D. E. Stader	7,340	3,657	2,868	30	1	7/1	1	150.00
St. Luke's Hospital	Bethlehem, Pa.	H. A. Rothrock	8,564	1,628	1,628	36	1	11/1	1-2	100.00
Bryn Mawr Hospital	Bryn Mawr, Pa.	M. M. Strumia	7,667	2,838	3,734	53	2	1/1, 7/1	1	75.00
George F. Geisinger Memorial Hospital	Danville, Pa.	H. F. Hunt	7,596	2,293	2,239	54	1	7/1	1	75.00
Fitzgerald-Mercy Hospital	Darby, Pa.	D. McGrew	6,650			55	1	6/1	1	None
Episcopal Hospital	Philadelphia	W. P. Belk	10,146	1,440	6,886	32	1		1	50.00
Germantown Dispensary and Hospital	Philadelphia	F. B. Lynch, Jr.	7,462	1,341	960	51	1	7/1	1-2	50.00
Graduate Hospital of the University of Pennsylvania	Philadelphia	E. A. Case	7,416	2,228	2,228	42	2	7/1	1-3	
Hahnemann Hospital	Philadelphia	J. E. Gregory	11,910			61	2		1-3	50.00
Hospital of the University of Pennsylvania	Philadelphia	E. B. Krumbhaar	17,716	5,262	5,262	79	12	Varies	1-3	Varies
Jefferson Medical College Hospital	Philadelphia	C. J. Bucher	19,439	6,807	6,807	59	5		1-3	
Jewish Hospital	Philadelphia	H. Ingleby	9,203	4,159	3,639	60	3	7/1	1-2	50.00
Lankenau Hospital	Philadelphia	C. E. Brown	6,162	6,971	6,971	53	2	7/1	1-3	50.00
Mount Sinai Hospital	Philadelphia	B. L. Mezrane	7,650	2,650	2,650	72	2	7/1	1-3	50.00
Pennsylvania Hospital	Philadelphia	A. R. Crane	10,204	2,504		59	2	7/1	1-3	20.00
Philadelphia General Hospital	Philadelphia	J. H. Clark	22,053	3,259	3,184	58	6		1-3	70.00
Presbyterian Hospital	Philadelphia	R. P. Custer	7,116			57	3		1-3	
Temple University Hospital	Philadelphia	E. E. Argetter	13,064	6,730	6,730	49	1	7/1	3	50.00
Allegheny General Hospital	Pittsburgh	S. R. Haythorn	11,560	2,503	2,503	23	1	9/1	1	100.00
Children's Hospital	Pittsburgh	M. L. Menten	5,197	238	238	57	1	7/1	1-3	75.00
Elizabeth Steel Magee Hospital	Pittsburgh	J. Beauregard	9,102	2,823	2,748	20	1	7/1	1-3	41.67
Mercy Hospital	Pittsburgh	H. J. Perman	11,612	3,830	3,830	34	1	9/1	1-3	100.00
Montefiore Hospital	Pittsburgh	K. Yardumian	7,204	2,423	4,178	41	2	7/1	1-2	50.00
Presbyterian Hospital	Pittsburgh	G. R. Lary	5,026	2,645	2,645	33	2		1-5	41.67
St. Francis Hospital	Pittsburgh	R. H. Hamilton and A. J. Bruecken	14,850	3,207	2,089	21	3	7/1	3	110.00
Western Pennsylvania Hospital	Pittsburgh	A. Graham	12,138	2,985	2,985	19	1		1	75.00
Reading Hospital	Reading, Pa.	W. P. Jennings	9,125	2,252	1,749	57	1	7/1	1	100.00
Robert Packer Hospital	Sayre, Pa.	C. H. DeWan	10,560	2,185	1,950	49	1	7/1	1-3	150.00
Williamsport Hospital	Williamsport, Pa.	M. G. Coffin	8,313	1,639	2,465	31	1	7/1	1	75.00
Rhode Island Hospital	Providence, R. I.	B. E. Clarke	13,702	5,007	5,007	61	4	7/1	1-2	50.00
Medical College of the State of South Carolina	Charleston, S. C.	K. M. Lynch	11,886	15,767	10,511	59	1	7/1	3	150.00
Columbia Hospital	Columbia, S. C.	H. H. Plowden	11,650			31	1	7/1	1	100.00
Baptist Memorial Hospital	Memphis, Tenn.	S. E. Leake	10,146	6,177	6,157	19	3	7/1	1	75.00
John Gaston Hospital	Memphis, Tenn.	D. Sprunt	17,612	2,658	2,658	63	11	7/1	1	
St. Joseph Hospital	Memphis, Tenn.	T. C. Moss	11,269	5,345	4,165	41	1	7/1	1	
Nashville General Hospital	Nashville, Tenn.	W. A. DeMonbreun	7,319	969	888	37	2	7/1	1-2	40.00
Vanderbilt University Hospital	Nashville, Tenn.	E. W. Goodpasture	9,296	1,766	1,500	59	2	7/1	1	
Baylor University Hospital	Dallas, Texas	J. M. Hill	16,450	15,050	23,050	30	4	7/1	1-3	50.00
Parkland Hospital	Dallas, Texas	C. A. Ashworth	8,097	2,751	2,751	56	2	7/1	1-3	50.00
St. Paul's Hospital	Dallas, Texas	J. L. Goforth	12,667	4,766	3,991	24	3	7/1	1-3	100.00
John Sealy Hospital (Univ. of Texas Medical Branch)	Galveston, Texas	P. Brindley	9,110	3,484	3,484	53	4		1-3	50.00
Hermann Hospital	Houston, Texas	V. H. Kreiler	9,589	3,409	2,295	55	1	7/1	1-2	100.00
Jefferson Davis Hospital	Houston, Texas	W. W. Coulter	11,340	2,077	4,749	31	1	1/1	1	50.00
Santa Rosa Hospital	San Antonio, Texas	J. M. Moore and S. W. Bobb	14,565	5,201	4,156	28	1	7/1	1-3	200.00
Salt Lake County General Hospital	Salt Lake City	F. D. Gunn	3,551	1,243	1,141	55	2	7/1	1-3	50.00
Mary Fletcher Hospital	Burlington, Vt.	B. Pearson	5,903	1,402	1,390	58	4	7/1	1-2	100.00
University of Virginia Hospitals	Charlottesville, Va.	J. R. Cash	14,021	2,903	2,903	68	1	7/1	1	110.00
Norfolk General Hospital	Norfolk, Va.	E. D. Levy and L. J. Motyca	9,706	4,386	5,527	35	1	7/1	2-3	100.00
Med. College of Virginia Hospital Div.	Richmond, Va.	F. L. Apperly	15,621	6,832	6,832	43	5	7/1	1	66.50
Kings County Hospital	Seattle, Wash.	C. H. Jensen	12,015	2,057	1,379	47	1	7/1	1	125.00
Providence Hospital	Seattle	D. G. Mason	10,749	3,230	1,831	43	1	7/1	1-3	100.00
Swedish Hospital	Seattle	P. K. Lund	10,398	3,264	3,182	45	1	7/1	1	100.00
Deaconess Hospital	Spokane, Wash.	G. A. C. Snyder	9,040	4,129	2,687	57	1	7/1	3	150.00
St. Luke's Hospital	Spokane, Wash.	O. O. Christianson	7,486	2,659	1,706	59	1	7/1	1-3	125.00

Abbreviations and other references will be found on page 89

17. PATHOLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Surgical Specimens	Number Examined Microscopically	Autopsy Percentage	Asst., Res., and Residencies Offered	Beginning of Service (1940)	Length of Service Offered (Years)	Beginning Salary (Months)
St. Joseph's Hospital	Tacoma, Wash.	C. R. McColl	13,469	.....	.....	50	1	6/1	1-2	$200.00
Tacoma General Hospital	Tacoma, Wash.	C. P. Larson	8,290	4,848	4,075	52	3	7/1	1-5	150.00
Charleston General Hospital	Charleston, W. Va.	W. G. Putschar	9,584	2,312	2,262	45	1	7/1	1-4	125.00
State of Wisconsin General Hospital	Madison, Wis.	W. D. Stovall and D. M. Angevine	12,498	3,268	3,248	84	4	7/1	3	25.00
Columbia Hospital	Milwaukee	G. Ritchie	4,821	1,744	1,206	50	1	11/1	3	50.00
Milwaukee County Hospital	Milwaukee	J. F. Kuzma	16,335	1,042	1,355	29	2	Varies	1-3	82.50
St. Joseph's Hospital	Milwaukee	W. A. D. Anderson	12,579			27	1	4/1	1-3	75.00
Queen's Hospital	Honolulu, Hawaii	S. Price	12,278	3,345	3,345	61	2	7/1, 10/1	1-3	100.00

18. PEDIATRICS

The following services are approved by the Council and the American Board of Pediatrics
(See footnotes 1 and 2 for number of years credit)

Hospitals, 200; Assistant Residencies and Residencies, 791

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res., and Residencies Offered	Beginning of Service (1940)	Length of Service Offered (Years)	Beginning Salary (Months)
United States Navy										
†U. S. Naval Hospital	Chelsea, Mass.	C. Eley	.....	.....	.....	.....	2	.....	1	a
U. S. Naval Hospital	Philadelphia	J. F. Shaul	235	6,672	22	15	1	Varies	1	a
Nonfederal										
Children's Hospital	Birmingham, Ala.	A. A. Walker	1,778	5,901	40	20	2	5/1	1-2	$100.00
Jefferson and Hillman Hospitals	Birmingham, Ala.	A. A. Walker	5,273	4,736	202	45	3	7/12	1-3	50.00
Norwood Hospital	Birmingham, Ala.	S. P. Wainwright and G. W. Griffin	854	10,573	17	7	1	7/1	3	100.00
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company	Fairfield, Ala.	E. A. Harris	766	8,898	22	11	2	7/1	1-2	200.00
General Hospital of Fresno County	Fresno, Calif.	R. J. Van Wagenen	799	2,074	63	36	1	7/1	1	200.00
California Babies and Children's Hosp.	Los Angeles	V. Wright	449	17,820	3	2	1	7/1	1	100.00
Children's Hospital	Los Angeles	J. C. Wilson	564	2,887	3	3	1	7/1	1-3	208.00
Los Angeles County Hospital	Los Angeles	F. F. Patton	4,382	5,015	205	123	6	Varies	3	165.00
Queen of Angels Hospital	Los Angeles	M. H. Jones	1,464	980	.....	57	1	7/1	1-3	100.00
White Memorial Hospital	Los Angeles	M. B. Brooks	439	8,736	28	16	6	.....	1-2	147.33
Children's Hospital of the East Bay	Oakland, Calif.	C. D. Sweet	3,440	21,279	57	53	6	1/1, 7/1	1-2	150.00
Children's Hospital	San Francisco	C. F. Gelston	705	.....	17	15	2	7/1	1	50.00
†Franklin Hospital	San Francisco	C. Bost	926	.....	13	9	1	.....	1	.....
St. Mary's Hospital	San Francisco	R. Flood	.....	.....	.....	.....	.....	4/1	1	100.00
San Francisco Hospital	San Francisco	M. B. Olsey	2,116	.....	114	52	3	.....	1-2	175.00
Stanford University Hospitals	San Francisco	H. K. Faber	511	17,877	17	13	4	7/1	1-2	50.00
University of California Hospital	San Francisco	W. C. Deamer	657	13,148	56	45	7	7/1	1	100.00
Children's Hospital	Denver	F. C. Johnson	5,379	3,316	92	85	8	Varies	1-2	50.00
University of Colorado Medical Center										
Colorado General Hospital	Denver	H. Gordon	433	4,185	27	25	5	7/1	1-3	75.00
Denver General Hospital	Denver	H. H. Gordon	1,830	5,793	61	35	2	7/1	1-2	50.00
†Hartford Hospital	Hartford, Conn.		820	.....	28	21	2	7/1	1-2	.....
Grace-New Haven Community Hospital										
New Haven Unit (University Service)	New Haven, Conn.	G. Powers	3,120	11,072	97	74	5	7/1	1	40.00
Hospital of St. Raphael	New Haven, Conn.	W. C. McGuire	1,617	467	14	9	1	7/1	1	75.00
†Delaware Hospital	Wilmington, Del.	C. E. Wagner	1,491	422	51	36	1	7/1	...	110.00
Children's Hospital	Washington, D. C.	J. S. Wall	7,932	77,305	207	165	6	1/1, 7/1	1-2	80.00
Freedmen's Hospital	Washington, D. C.	R. B. Scott	512	1,615	38	16	4	7/1	1-3	116.66
Gallinger Municipal Hospital	Washington, D. C.	L. K. Sweet	1,335	8,991	50	28	8	7/1	1-3	75.00
†Providence Hospital	Washington, D. C.	W. F. O'Connell	4,483	761	93	78	3	7/1	1	.....
†Crawford W. Long Memorial Hospital	Atlanta, Ga.	L. H. Muse	1,332	920	53	32	2	7/1	1-2	75.00
Grady Memorial Hospital	Atlanta, Ga.	H. W. Dickson	1,010	28,098	69	33	5	7/1	1	20.00
Henrietta Egleston Hosp. for Children	Atlanta, Ga.	M. H. Roberts	1,104	.....	58	22	3	1/1, 7/1	1	55.00
University Hospital	Augusta, Ga.	P. Mulherin	1,441	1,422	61	13	3	7/1	1-2	40.00
Children's Memorial Hospital	Chicago	S. Gibson	4,168	46,215	120	106	19	1/1, 7/1	1	75.00
Cook County Hospital	Chicago	A. Levinson	9,160	35,449	377	.....	14	1/1, 7/1	1-3	37.50
Mercy Hospital—Loyola Univ. Clinics	Chicago	H. W. Elghammer	1,439	1,994	35	26	2	7/1	1	25.00
Michael Reese Hospital	Chicago	J. K. Calvin	3,742	7,199	206	176	6	7/1	1-3	25.00
†Mount Sinai Hospital	Chicago	P. Aries	744	1,178	11	7	1	4/1	1	50.00
†Presbyterian Hospital	Chicago	H. N. Sanford	1,478	3,954	43	39	3	.....	1-2	25.00
Provident Hospital	Chicago	E. Beasley	1,905	3,244	65	62	1	.....	.....	.....
Research and Educational Hospitals	Chicago	H. G. Poncher	345	6,806	34	29	4	7/1	1-2	85.00
St. Joseph Hospital	Chicago	A. Hoyne	360	949	5	5	1	10/1	1	75.00
St. Luke's Hospital	Chicago	A. D. Bigge	504	5,522	14	12	1	7/1	1-2	.....
St. Vincent's Infant and Maternity Hosp.	Chicago	L. W. Sauer	675	.....	4	4	2	1/1, 7/1	1	50.00
University of Chicago Clinics	Chicago	F. H. Wright	1,087	20,306	54	46	8	7/1	1-3	25.00
Little Company of Mary Hospital	Evergreen Park, Ill.	E. G. Lawler	3,014	.....	18	11	1	7/1	1	100.00
Indianapolis General Hospital	Indianapolis	B. K. Rogers	820	5,022	131	49	2	7/1	1-2	70.00
Indiana University Medical Center	Indianapolis	M. Winters	2,111	3,874	181	112	4	.....	1-2	33.33
Iowa Methodist Hospital (Raymond Blank Memorial Hospital for Children)	Des Moines, Iowa	L. F. Hill	2,685	.....	53	49	5	7/1	1-2	75.00
University Hospitals	Iowa City	P. C. Jeans	854	2,865	74	54	6	7/1	1	50.00
University of Kansas Hospitals	Kansas City, Kan.	H. C. Miller	846	4,677	69	52	1	.....	1	.....
Louisville General Hospital	Louisville, Ky.	J. W. Bruce	1,882	9,612	71	30	7	7/1	1	45.00
†St. Joseph Infirmary	Louisville, Ky.	H. S. Andrews	1,735	.....	41	22	2	7/1	1-2	75.00
Charity Hospital of Louisiana	New Orleans		2,807	21,624	168	59	10	7/1	1-3	25.00
Touro Infirmary	New Orleans	J. Graubarth	523	4,943	30	10	3	7/1	1	17.50
†Shreveport Charity Hospital	Shreveport, La.	C. Webb	1,671	.....	78	43	3	7/1	1-3	60.00
†Central Maine General Hospital	Lewiston, Maine	G. L. Brooks	860	414	48	35	1	7/1	1	75.00
Baltimore City Hospitals	Baltimore	H. E. Harrison	613	3,316	100	82	2	7/1	.....	35.00
Johns Hopkins Hospital	Baltimore	F. F. Schwentker	1,446	60,581	205	168	12	.....	1+	.....
†Mercy Hospital	Baltimore	E. Friedenwald	402	.....	25	16	1	7/1	1	.....
†Sinai Hospital	Baltimore	A. J. Schaffer	511	.....	34	28	2	7/1	1-2	25.00
Union Memorial Hospital	Baltimore	B. Grimes	.....	.....	.....	.....	2	7/1	.....	.....
University Hospital	Baltimore	C. L. Joslin	580	3,104	88	51	6	7/1	1-2	75.00
Boston City Hospital	Boston	M. J. English	4,522	9,534	293	80	1	.....	1	66.67
Boston Floating Hospital	Boston	J. M. Baty	1,577	.....	86	47	1	.....	1	25.00
Children's Hospital	Boston	C. Janeway	904	18,907	187	155	17	.....	1	41.67
Massachusetts General Hospital	Boston	A. M. Butler	6674	5,0244	...	...	7	7/1	1-3	41.67

Abbreviations and other references will be found on page 89

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residents Offered[b]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
†New England Hospital for Women and Children[a-1]	Boston	E. Zaudy	634	1,835	10	5	2	1/1	1	$ 50.00
University Hospital[a-2-4]	Ann Arbor, Mich.	J. Wilson	1,393	12,157	62	45	11	7/1	1-5	111.40
Children's Hospital[a-1]	Detroit	P. V. Woolley, Jr.	4,118	22,650	...	218	22	.....	1	50.00
†Harper Hospital[a]	Detroit	D. J. Barnes	479	.....	...	...	3	7/1	1	118.00
Henry Ford Hospital[a-2-4]	Detroit	J. A. Johnston	1,678	21,212	37	21	4	7/1	1-2	200.00
Providence Hospital[a]	Detroit	L. P. Sonda	2,047	.....	35	23	1	.....	1	.....
†Butterworth Hospital[a]	Grand Rapids, Mich.	.....	773	.....	51	21	1	7/1	2	100.00
†Saginaw General Hospital[a-1]	Saginaw, Mich.	R. M. Kempton	1,254	123	23	14	1	7/1	1	100.00
St. Mary's Hospital[a-1]	Duluth, Minn.	R. P. Buckley	826	.....	16	16	3	.....	1	.....
Minneapolis General Hospital[a-2-4]	Minneapolis	A. V. Stoerker	2,780	3,498	70	38	6	1/1, 7/1	1-3	115.00
†Northwestern Hospital[a]	Minneapolis	E. S. Platou	2,981	.....	59	37	2	1/1	1	50.00
St. Barnabas Hospital[a]	Minneapolis	C. Morrison	3,984	.....	38	29	1	.....	1	.....
University Hospitals[a-2]	Minneapolis	I. McQuarrie	1,794	4,025	121	104	12	7/1	1-3	115.00
Mayo Foundation[2]	Rochester, Minn.	H. L. J. Kennedy	(See Page 89)	.....	...	...	12	.....	...	.....
Kansas City General Hospital No. 1[a-1]	Kansas City, Mo.	H. M. Gilkey	1,739	5,583	60	39	3	1/1	1-3	50.00
Homer G. Phillips Hospital[a-2-4]	St. Louis	F. J. White	3,789	5,124	167	31	4	7/1	1	57.50
†Jewish Hospital[a-1-2]	St. Louis	A. A. Margulis	789[b]	.....	...	...	1	.....	1	.....
St. Louis Children's Hospital[2-4]	St. Louis	A. F. Hartmann	3,319	.....	129	90	18	1/1	1	10.00
St. Louis City Hospital[a-2-4]	St. Louis	A. F. Hartmann and V. Hrdlicka	1,351	3,655	126	63	6	7/1	1	95.00
St. Mary's Group of Hospitals[a-2]	St. Louis	J. Zahorsky	1,932	13,074	47	31	7	Varies	3	35.00
†Creighton Memorial St. Joseph Hosp.[a-1]	Omaha	J. H. Murphy	1,399	2,660	18	5	1	7/1	1	100.00
†University of Nebraska Hospital[a-2]	Omaha	J. A. Henske	422	.....	24	23	1	7/1	1-2	75.00
Jersey City Hospital[a-2-4]	Jersey City, N. J.	C. P. DeFuccio	1,694	6,367	47	26	2	Varies	1-3	35.00
Babies Hospital, Coit Memorial[1]	Newark, N. J.	E. L. Minard	1,907	.....	40	22	2	7/1	1	100.00
†St. Michael's Hospital[a-2]	Newark, N. J.	H. A. Murray	1,942	1,808	37	29	3	7/1	2	75.00
Albany Hospital[a-2-4]	Albany, N. Y.	O. A. Faust	828	1,847	47	37	4	7/1	1	41.66
†Beth-El Hospital[a]	Albany, N. Y.	A. J. Novak	4,307	1,254	68	63	2	1/1, 7/1	1-2	100.00
Brooklyn Hospital[a]	Brooklyn	H. A. Nauner	7,839	5,629	...	...	2	7/1	1	25.00
Cumberland Hospital[a-1]	Brooklyn	T. B. Givan	1,756	3,888	47	41	2	7/1	1	70.00
†Greenpoint Hospital[a]	Brooklyn	I. Schiff	817	2,691	36	25	2	7/1	1	120.00
Jewish Hospital[a-2-4]	Brooklyn	R. Kramer	765	10,748	65	38	7	1/1, 4/1	1	30.00
Kings County Hospital[a-2-4]	Brooklyn	G. Brockway and L. Krahulik	4,958	4,158	211	95	4	7/1	1-2	50.00
Long Island College Hospital[a-2-4]	Brooklyn	C. A. Weymuller	679	7,475	16	12	4	7/1	1-2	25.00
Methodist Hospital[a]	Brooklyn	W. F. Watton	508	1,699	27	23	2	7/1	2	25.00
Norwegian Lutheran Deaconesses' Home and Hospital[a]	Brooklyn	J. A. Monfort and T. B. Givan	.....	.....	...	...	1	.....	1	.....
†St. Mary's Hospital[a]	Brooklyn	F. B. Hart	660	717	19	9	1	1/1	1	50.00
Children's Hospital[2]	Buffalo	M. I. Rubin	2,052	.....	83	76	10	1/1, 7/1	1-3	25.00
Edward J. Meyer Memorial Hospital[a-1]	Buffalo	F. J. Gustina	1,812	6,864	50	18	3	7/1	4	100.00
Queens General Hospital[a-2-4]	Jamaica, N. Y.	H. A. Reisman	1,397	2,601	61	42	4	7/1	2	70.00
Bellevue Hosp. Div. III—N. Y. Univ.[a-2]	New York City	L. E. Holt, Jr.	1,651[b]	23,950[b]	130	62	6	7/1	1	45.00
†Beth Israel Hospital[a-1-2]	New York City	P. Cohen and J. M. Lewis	381	1,905	9	4	1	7/1	1-2	50.00
Flower and Fifth Avenue Hospitals[a-2]	New York City	R. Benson	1,065	3,921	42	22	4	6/1	1	.....
Fordham Hospital[a]	New York City	J. Golomb	1,646[b]	1,885[b]	...	...	3	4/1	1	70.00
†Gouverneur Hospital[a]	New York City	H. F. Cohen	490	4,172	3	2	1	7/1	1	70.00
Harlem Hospital[a-2-4]	New York City	M. Gleich	4,907	7,543	200	90	4	1/1, 7/1	1	70.00
Lenox Hill Hospital[a-2-4]	New York City	H. Chaplin	531	.....	12	8	1	Varies	1-2	50.00
Lincoln Hospital[a-2-4]	New York City	H. S. Altman	1,118	4,311	41	31	3	.....	1-3	50.00
Metropolitan Hospital[a-2-4]	New York City	R. S. Benson	1,582	4,201	50	27	5	1/1, 7/1	1	120.00
Morrisania City Hospital[a-2-4]	New York City	L. H. Barrenberg	901	2,120	27	20	2	7/1	1	60.00
Mount Sinai Hospital[a-2]	New York City	.....	.....	.....	...	...	5	1/1, 7/1	1+	50.00
New York City Hospital[a-2-4]	New York City	G. H. Irving	1,087	4,174	69	63	3	7/1	1	120.00
New York Foundling Hospital[15]	New York City	A. F. Ugnow	763	.....	7	7	1	Varies	½	50.00
New York Hospital[a-2-4]	New York City	S. Z. Levine	1,164	34,908	121	102	10	7/1	1-5	25.00
†New York Infirmary[a]	New York City	R. M. Bakwin	258	4,161	5	3	1	7/1	1	75.00
New York Post-Graduate Medical School and Hospital[a-2-4]	New York City	A. DeSanctis	688	12,891	38	21	5	Varies	1-2	90.00
Presbyterian Hospital[a-2-4]	New York City	R. McIntosh	4,060	32,180	119	...	4	.....	1-2	100.00
†Roosevelt Hospital[a]	New York City	A. T. Martin	489	1,845	4	3	1	7/1	1	100.33
†St. Clare's Hospital[a]	New York City	C. H. O'Regan	2,598	4,000	18	17	3	7/1	1-2	25.00
St. Luke's Hospital[a-2-4]	New York City	H. F. Jackson	699	6,146	16	10	4	Varies	1-2	50.00
St. Vincent's Hospital[a-2-4]	New York City	A. J. Vignec	1,784	3,403	59	35	2	7/1	1-2	50.00
†Sydenham Hospital[a]	New York City	M. H. Edelman	508	1,665	51	37	1	.....	1	.....
Genesee Hospital[a-1]	Rochester, N. Y.	J. Arkman	465	560	13	10	1	1/1	1	83.33
†Rochester General Hospital[a-1-2]	Rochester, N. Y.	F. W. Bush	602	1,991	14	13	1	7/1	1-2	70.00
Strong Memorial and Rochester Municipal Hospitals[a-2-4]	Rochester, N. Y.	S. W. Clausen	1,251	8,709	63	52	7	7/1	1-4	41.66
†St. Vincent's Hospital[a]	Staten Island, N. Y.	G. W. McCormick	4,375	438	44	34	1	7/1	1	110.00
Sea View Hospital[1-4]	Staten Island, N. Y.	B. Ratner	384	.....	6	2	1	1/1, 7/1	1	120.00
Syracuse Memorial Hospital[a-2-4]	Syracuse, N. Y.	C. Wyatt	886	.....	28	19	4	7/1	1-2	.....
Grasslands Hospital[a-1-4]	Valhalla, N. Y.	F. D. Barnes	525	1,340	15	15	2	7/1	1-3	75.00
Charlotte Memorial Hospital[a-1]	Charlotte, N. C.	C. H. Gay	1,789	3,629	46	24	1	1/1	1-3	75.00
†Presbyterian Hospital[1]	Charlotte, N. C.	R. Ashe	804	263	9	3	1	.....	1	.....
Duke Hospital[a-2]	Durham, N. C.	W. C. Davison	2,374	8,695	105	63	12	7/1	1	83.33
Watts Hospital[a]	Durham, N. C.	A. H. London	878	276	19	9	1	7/1	1	75.00
†Sternberger Hospital for Women and Children[1]	Greensboro, N. C.	S. F. Ravenel	.....	.....	...	...	1	.....	1	.....
†Rex Hospital[a-1]	Raleigh, N. C.	A. S. Root	1,826	929	19	3	1	4/1	1	135.00
Babies' Hospital[1-4]	Wilmington, N. C.	J. B. Sidbury	1,414	.....	28	7	2	1/1, 7/1	1-2	100.00
James Walker Memorial Hospital[a]	Wilmington, N. C.	.....	2,949	1,100	83	7	1	7/1	1-2	100.00
North Carolina Baptist Hospital[a-2]	Winston-Salem, N. C.	D. J. Butler	539	2,113	28	18	3	.....	1-3	.....
Trinity Hospital[a-1]	Minot, N. D.	R. E. Dyson	429	5,039	...	...	1	.....	1	.....
Children's Hospital	Akron, Ohio	H. H. Musser	2,824	519	88	37	5	7/1	1-2	95.00
Children's Hospital[2-3]	Cincinnati	A. A. Weech	6,311	.....	135	98	16	7/1	1-2	35.00
Cincinnati General Hospital[a-2-4]	Cincinnati	A. A. Weech	1,641	8,012	120	82	10	7/1	1-2	.....
University Hospitals[a-2-4]	Cleveland	C. F. McKhann	1,756	14,420	80	...	7	7/1	1	25.00
Children's Hospital[4]	Columbus, Ohio	E. H. Baxter	.....	.....	...	...	13	1/1, 7/1	1	60.00
University Hospitals[a-2-4]	Oklahoma City	C. K. Hall	774	4,611	72	40	4	7/1	1-2	35.00
†Hillcrest Memorial Hospital[a]	Tulsa, Okla.	H. C. Graham	1,393	.....	27	13	5	7/1	1	75.00
University of Oregon Medical School Hospitals and Clinics[a-2-4]	Portland, Ore.	J. B. Bilderback	1,055	5,567	77	60	3	7/1	1-2	75.00
†Abington Memorial Hospital[a]	Abington, Pa.	T. S. Wilder	.....	.....	15	13	1	7/1	1	50.00
Babies' Hospital[1-4]	Philadelphia	J. E. Bowman	296	25,397	4	3	2	7/1, 12/1	1	83.33
Children's Hospital[4]	Philadelphia	J. Stokes, Jr.	3,354	.....	70	52	13	7/1	1-3	41.67
Children's Hospital of the Mary J. Drexel Home[2-4]	Philadelphia	J. M. Lyon	1,013	9,753	12	11	1	7/1	1	125.00

Abbreviations and other references will be found on page 89

18. PEDIATRICS—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residents Offered	Beginning of Service (Mo.&Yr.)	Length of Service Offered (Years)	Beginning Stipend (Month)
†Germantown Dispensary and Hospital a[1]	Philadelphia	P. S. Barba	3,132	908	38	17	1	7/1	1-2	$ 50.00
†Graduate Hospital of the University of Pennsylvania a[1]	Philadelphia	J. Scott	640	401			1	7/1	1-2	
Hahnemann Hospital a[2-1]	Philadelphia	C. C. Fischer	625		40	24	2		1-3	50.00
Hospital of the Univ. of Pennsylvania a[2-1]	Philadelphia	J. Stokes, Jr.	355	3,578	52	34	5	Varies	1-3	
Hosp. of the Women's Med. Coll. of Pa. a[2]	Philadelphia	E. P. Bacon	2,201	2,311	7	3	1	7/1		50.00
Jefferson Medical College Hospital a[1]	Philadelphia	E. L. Bauer	586	9,267	37	24	1		1	
Jewish Hospital a[2-4]	Philadelphia	S. Goldberg	673	378	22	16	2	7/1	1-2	50.00
Philadelphia General Hospital a[2-1]	Philadelphia		1,224		68		6		1-3	
St. Christopher's Hospital for Children[1-4]	Philadelphia	W. E. Nelson	2,533		38	23	6			
St. Luke's and Children's Medical Center a[1]	Philadelphia	J. L. Redman	470		20	15	1	6/1	1	125.00
Temple University Hospital a[2-4]	Philadelphia	W. E. Nelson	582	7,044	25	20	7	7/1	3	50.00
Children's Hospital[2-1]	Pittsburgh	F. J. Price	5,197		125	71	9	7/1	1-3	75.00
St. Francis Hospital a[1]	Pittsburgh	R. J. McCormick	3,120	632	10	3	1		1	
†Western Pennsylvania Hospital a[1]	Pittsburgh	H. C. Flood	1,553	646	13	5	1	Varies	1	75.00
Robert Packer Hospital a[2]	Sayre, Pa.	J. M. Higgins	462	362	5	5	1	7/1	1-3	150.00
†Charles V. Chapin Hospital[1]	Providence, R. I.	H. G. Cabler	1,352	491	21	20	2		1	
†Rhode Island Hospital a[1]	Providence, R. I.	W. P. Buffum	1,125		26	17	2	7/1	1	50.00
Roper Hospital a[2-1]	Charleston, S. C.	M. W. Beach	2,112	5,214	98	53	4	7/1	1-4	25.00
†Columbia Hospital a[1-4]	Columbia, S. C.	W. Weston, Jr.	2,089		15	17	2	7/1	1	75.00
T. C. Thompson Children's Hospital[1]	Chattanooga, Tenn.	H. J. Starr	1,867	7,146	152	16	3	1/1, 7/1	1	90.00
†Knoxville General Hospital a[1]	Knoxville, Tenn.	H. S. Christian	2,377	755	99	22	1	7/1	1	60.00
John Gaston Hospital a[2]	Memphis, Tenn.	F. T. Mitchell	1,899	6,321	101	71	6	4/1	1-2	
†Methodist Hospital a[2]	Memphis, Tenn.	C. V. Crowell	1,224		44	25	1	7/1	1	150.00
St. Joseph Hospital a[2]	Memphis, Tenn.	K. M. Buck	1,451	1,157	44	18	2		1-2	200.00
George W. Hubbard Hospital of Meharry Medical College a[2-1]	Nashville, Tenn.	E. P. Crump	591	4,193	30	10	2	7/1	1-3	75.00
Vanderbilt University Hospital a[2-4]	Nashville, Tenn.	A. Christie	824	10,896	115	69	5	7/1	1	
Children's Medical Center[2-1]	Dallas, Texas	H. L. Moore	3,102	15,079	84		12		1-3	100.00
†Parkland Hospital a	Dallas, Texas	W. H. Bradford	2,212	2,471	27	16	2	7/1	3	50.00
John Sealy Hospital (Univ. of Texas Medical Branch) a[2-1]	Galveston, Texas	A. E. Hansen	630	11,003	38	23	5		1-3	50.00
†Hermann Hospital a[1-4]	Houston, Texas	R. Blattner	428	4,179	25	17	2		1	50.00
Jefferson Davis Hospital a[1-4]	Houston, Texas	H. Schaffer	1,049	8,249	112	30	2	7/1	1-3	50.00
†Santa Rosa Hospital a	San Antonio, Texas	S. Kalinki	1,980	2,923	170	78	2	7/1	1	75.00
Salt Lake County General Hospital a[2-1]	Salt Lake City	J. A. Anderson	456	3,143	24	20	6		1-2	50.00
†Mary Fletcher Hospital a	Burlington, Vt.	S. S. Corbin	326	11	17	10	2	7/1	1	100.00
University of Virginia Hospital a[2-4]	Charlottesville, Va.	W. W. Waddell, Jr.	484	4,486	61	32	4	7/1	1-4	62.00
Medical College of Virginia, Hosp. Div. a[2-1]	Richmond, Va.	L. Sutton, Jr.	1,221	7,117	67	29	8	7/1	1	
Children's Orthopedic Hospital[1-4]	Seattle	J. I. Durand	566	5,255	41	36	1	4/1, 7/1	1	125.00
†King County Hospital a[2]	Seattle	W. B. Seelye	1,607	1,291	73	21	1	7/1	1	125.00
State of Wisconsin General Hospital a[2-1]	Madison, Wis.	J. E. Cance, Jr.	712	3,631	28	25	1	7/1	3	25.00
Milwaukee Children's Hospital[2-1]	Milwaukee	F. R. Janney	5,051	25,968	75	60	7	7/1	2	75.00
Milwaukee County Hospital a[2-1]	Milwaukee	R. J. Malmekoff	2,077	4,297	38	4	3	7/1	1-3	82.36
†Kauikeolani Children's Hospital	Honolulu, Hawaii	D. C. Marshall	4,504		86	53	1	1/1	1+	200.00

19. PHYSICAL MEDICINE

The following services are approved by the Council and the American Board of Physical Medicine

Hospitals, 34; Assistant Residencies and Residencies, 70

Name of Hospital	Location	Chief of Service	Patients Treated	Number of Treatments	Asst., Res. and Residents Offered	Beginning of Service (Mo.&Yr.)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army								
†Letterman General Hospital a	San Francisco	A. V. Bateman	5,904	285,400	2	1/1	1-3	a
†Fitzsimons General Hospital a	Denver	J. H. Kuitert	2,508	119,005	2	1/1	1-3	a
Walter Reed General Hospital a	Washington, D.C.	E. M. Smith	8,573	238,036	3	1/1	1-3	a
†Percy Jones General Hospital a	Battle Creek, Mich.	A. E. White	28,849	846,505	3		1-3	a
Veterans Administration								
Veterans Admin. Hospital	Chamblee, Ga.	W. Steiner		20,400	1	7/1	1+	$275.00
†Veterans Admin. Hospital	Hines, Ill.	L. Newman	37,360	482,960	7		1-3	275.00
Veterans Admin. Hospital	Framingham, Mass.	F. Friedland	10,130	194,794	2	7/1	1-2	275.00
†Veterans Admin. Hospital a	Jefferson Barracks, Mo.	F. Eberhardt	2,502	71,974	2	7/1	1+	275.00
†Veterans Admin. Hospital	New York City	H. Kessler	21,739	367,884	3	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Portland, Ore.	E. W. Fowlks	3,230	65,750	1	7/1	1-3	275.00
Nonfederal								
†Los Angeles County Hospital a[1]	Los Angeles	O. Huddleston		14,633	2	Varies	2	
†White Memorial Hospital a	Los Angeles	Z. B. Moor	500b	20,000b	1	7/1	1-3	147.33
Stanford University Hospitals a[1]	San Francisco	W. H. Northway		6,561	2	7/1	1-3	50.00
†University of California Hospital a[1]	San Francisco	F. Baker		7,123b	1	7/1	1	50.00
University Colorado Medical Center †Colorado General Hospital a[1]	Denver	H. Dinken	2,905	64,050	1	Varies	1-3	75.00
†Emory University Hospital a	Emory University, Ga.	R. L. Bennett	7,836		1		1-3	
†Georgia Warm Springs Foundation	Warm Springs, Ga.	R. L. Bennett		84,000	1		1-3	
Michael Reese Hospital a[1]	Chicago	C. O. Molander	1,534	16,282	2	7/1	1	33.00
Passavant Memorial Hospital a[1]	Chicago	J. S. Coulter	7,784b	12,686b	2a		1-3	
University of Kansas Hospitals a	Kansas City, Kan.	G. M. Martin	2,775	25,347	3		1½	
†Massachusetts General Hospital a	Boston	A. L. Watkins	1,639b	16,365b	2		1-3	41.67
†University Hospitals a[1]	Minneapolis	M. Knapp	7,877	15,141	2	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn.	F. H. Krusen	(See page 139)		9		1	
†Bellevue Hospital, Div. III—N. Y. Univ. a	New York City	H. A. Rusk			7	Varies	1	70.00
†Goldwater Memorial Hospital a[1]	New York City	H. Behrend	972	53,738	1		1	120.00
†Hospital for Joint Diseases a[1]	New York City	J. Weiss	78,386	91,746	2	1/1	1+	40.00
†Montefiore Hospital for Chronic Diseases a[1]	New York City	K. Harpuder			1		1+	50.00
†Mount Sinai Hospital a[1]	New York City		7,310	9,930	1	1/1, 7/1	1	50.00
†Presbyterian Hospital a[1]	New York City	W. B. Snow	77,771	221,144	1		1	41.66
St. Luke's Hospital a	New York City	R. Muller	1,123	104,804	1	Varies	1	50.00
†Cleveland Clinic Foundation Hospital[1]	Cleveland, Ohio	W. J. Leitzer	16,257	39,919	2	7/1	1-3	100.00
†Hospital of the Univ. of Pennsylvania a[1]	Philadelphia	G. M. Piersol	1,078	12,883	1	Varies	1	
†Medical College of Virginia, Hosp. Div. a	Richmond, Va.		2,053	32,512	1		1	46.50
†State of Wisconsin General Hospital a[1]	Madison, Wis.	H. D. Bouman	3,050	58,382	2	7/1	3	25.00

Abbreviations and other references will be found on page 89

20. PLASTIC SURGERY

The following services are approved by the Council and the American Board of Plastic Surgery

Hospitals, 18; Assistant Residencies and Residencies, 47

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
Veterans Administration										
Veterans Admin. Hospital	Hines, Ill.	P. W. Greeley	378	.....	15	3	1	.....	2	$275.00
†Veterans Admin. Hospital	New York City	H. Conway	356	.....	1	1	5	1/1, 7/1	1-3	275.00
Nonfederal										
†Franklin Hospital ●	San Francisco, Calif.	H. M. Blackfield	363	.....	2	2	1	.....	1-2	100.00
†University of Kansas Hospitals ●	Kansas City, Kan.		268	.....	5	5	2	.....	2-4	.....
†Charity Hospital of Louisiana ●[d]	New Orleans	A. N. Owens	(Included in Surgery)		...	...	3	7/1	1-3	75.00
Blodgett Memorial Hospital ●	Grand Rapids, Mich.	F. N. Smith	398	.....	...	...	1	7/1	1-3	175.00
Mayo Foundation	Rochester, Minn.	G. B. New	(See page 89)				10	.....	...	.....
Barnes Hospital ●	St. Louis	J. B. Brown	1,276	.....	11	6	5	.....	1-2	.....
†Hospital of St. Barnabas and for Women and Children ●	Newark, N. J.	L. A. Peer	410[b]	1,200[b]	...	...	2	.....	2	150.00
Kings County Hospital ●	Brooklyn	W. A. Coakley	1,490	2,487	29	3	2	7/1	1-2	50.00
New York Post-Graduate Medical School and Hospital ●[d]	New York City	J. W. Hinton	188	1,068	...	...	2	7/1	2	.....
Presbyterian Hospital ●[d]	New York City	J. P. Webster	351	3,775	...	...	4	.....	1-2	100.00
Strong Memorial-Rochester Municipal Hospitals ●[d]	Rochester, N. Y.	F. O. J. Young	206	370	...	...	1	7/1	1-2	66.66
†University Hospitals ●	Oklahoma City	J. F. Burton	.....	703	...	...	1	7/1	1-2	35.00
Graduate Hospital of the University of Pennsylvania ●	Philadelphia	R. H. Ivy	242	45	...	...	1	7/1	1-2	None
†Jefferson Medical College Hospital ●	Philadelphia		501	74	0[e]	2	2	.....	1-3	.....
†John Sealy Hospital (Univ. of Texas Medical Branch) ●[d]	Galveston, Texas	T. Blocker	118	997	2	1	3	.....	1-3	50.00
†State of Wisconsin General Hospital ●[d]	Madison, Wis.	W. B. Slaughters	425	.....	3	3	1	1/1, 7/1	1-2	25.0

21. PROCTOLOGY

Hospitals, 11; Assistant Residencies and Residencies, 28

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
United States Navy										
†U. S. Naval Hospital ●	Oakland, Calif.	H. G. Young	1,117	2,156	...	...	1	.....	1	n
Nonfederal										
†Mercy Hospital-Loyola University Clinics ●	Chicago	C. L. Martin	269	314	7	4	1	7/1	1	$ 25.00
†City of Detroit Receiving Hospital ●[d]	Detroit		(Included in Surgery)				1	4/1	1+	100.00
Mayo Foundation	Rochester, Minn.	L. A. Buie	(See page 89)				8	.....	1	.....
†Millard Fillmore Hospital ●	Buffalo	L. S. Knapp	352	.....	2	2	1	.....	1-4	50.00
†Youngstown Hospital ●	Youngstown, Ohio	P. J. Fuzy	340	5	17	3	4	7/1	1	100.00
†Allentown Hospital ●[d]	Allentown, Pa.	M. S. Kleckner	320	85	12	5	3	.....	1	.....
†Jefferson Medical College Hospital ●	Philadelphia	F. Haskell	2,982	2,664	...	...	1	7/1	1-3	.....
†Presbyterian Hospital ●[d]	Pittsburgh	K. Zimmerman	417[b]	516[b]	...	...	5	Varies	1-5	33.0
†Reading Hospital ●[d]	Reading, Pa.	F. G. Runyan	386	213	4	1	1	7/1	1	100.00
†Milwaukee County Hospital ●[d]	Milwaukee	A. G. Schutte	160	360	...	...	2	7/1	1-3	82.2

22. PSYCHIATRY

The following services are approved by the Council and the American Board of Psychiatry and Neurology

(See footnotes 1, 2 and 3 for number of years credit)

Hospitals, 227; Assistant Residencies and Residencies, 1,618

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
United States Army										
Letterman General Hospital ●[d]	San Francisco	E. B. Litteral	2,305	1,046	1	1	13	1/1	1-3	n
Walter Reed General Hospital ●[d]	Washington, D. C.	B. E. Smith	1,385	1,212	3	2	17	1/1	1-2	n
†Percy Jones General Hospital ●[d]	Battle Creek, Mich.		.....	.....	...	...	4	.....	1	n
†Brooke General Hospital ●[d]	San Antonio, Texas	R. E. Chambers	2,014	4,600	...	...	3	1/1	1-3	n
Madigan General Hospital ●[d]	Fort Lewis, Wash.	D. B. Peterson	322	43	...	...	3	1/1	1	n
United States Navy										
†U. S. Naval Hospital ●[d]	Bethesda, Md.	G. N. Raines	779	515	3	3	10	Varies	1-3	n
†U. S. Naval Hospital ●[d]	Philadelphia	I. C. Nichols	771	3,178	24	18	2	Varies	1	n
†U. S. Naval Hospital ●[d]	Portsmouth, Va.		.....	.....	...	...	2	.....	1	n
United States Public Health Service										
U. S. Public Health Service Hospital[2]	Lexington, Ky.	K. W. Chapman	3,650	.....	31	21	8	7/1	1-2	n
U. S. Marine Hospital[2, 3]	New York City	V. T. Davis	1,695	918	11	3	5	7/1	1-3	n
U. S. Public Health Service Hospital[2]	Fort Worth, Texas	S. D. Vestermark	2,510	.....	8	4	12	.....	2	n
Veterans Administration										
†Veterans Admin. Hospital[2]	N. Little Rock, Ark.	C. N. Baganz	1,640	17	110	75	15	1/1, 7/1	1½-3	$275.00
†Veterans Admin. Hospital[2]	Los Angeles, Calif.	J. Pessin	5,377	.....	150	...	35	6/1	3	275.00
†Veterans Admin. Hospital[2]	Palo Alto, Calif.	J. J. Prusmack	2,336	10,784	50	34	32	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Fort Lyon, Colo.	L. V. Lopez	1,161	.....	32	11	6	7/1	1-2	275.00
†Veterans Admin. Hospital[2]	Downey, Ill.	A. Rodriguez	3,289	.....	69	23	15	.....	2-3	275.00
Veterans Admin. Hospital[2]	Hines, Ill.	P. G. Gerty	653	.....	34	3	10	Varies	1-3	275.00
†Veterans Admin. Hospital[2]	Marion, Ind.	S. T. Ginsberg	2,863	.....	90	33	15	Varies	1-3	275.00
†Veterans Admin. Hospital[2]	Topeka, Kan.	R. C. Anderson	2,072	.....	28	21	98	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Lexington, Ky.	S. R. Baker	1,982	.....	34	20	9	1/1	1-2	275.00
†Veterans Admin. Hospital[2]	Louisville, Ky.	D. Moore	981	.....	...	...	2	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Perry Point, Md.	M. D. Spottswood	808	12	...	...	20	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Bedford, Mass.	J. L. Hoffman	6,821	8,758	70	35	12	1/1, 7/1	1-3	275.00

Numerical and other references will be found on page 89

22. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Fellowship Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend Offered (Month)
†Veterans Admin. Hospital[2]	Boston	(See Neurology)					4		1	$275.00
†Veterans Admin. Hospital[2]	Framingham, Mass.	W. Bierring	570		3	2	14	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Fort Custer, Mich.	I. Kimball, Jr.	3,014		69	64	30	7/1	1	275.00
†Veterans Admin. Hospital[2]	Minneapolis	D. W. Hastings and R. W. Howell	476		1	1	15		3	275.00
†Veterans Admin. Hospital[2]	St. Cloud, Minn.	C. F. Davis	1,825		24	17	2		2	275.00
†Veterans Admin. Hospital[2]	Lyons, N. J.	A. T. Colley	4,314		129	89	25	9/1	1-3	275.00
†Veterans Admin. Hospital[2]	Canandaigua, N. Y.		2,236		45	22	4		1	275.00
†Veterans Admin. Hospital[2]	New York City	H. Flowers	515	3,350	9	6	20	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Northport, N. Y.	E. F. Bram	3,344				30	9/15	2-3	275.00
†Veterans Admin. Hospital[2]	Cleveland	R. G. Kline	799		3	2	7	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Coatesville, Pa.	A. O. Becker	2,749		61	22	60	4/1	1-3	275.00
†Veterans Admin. Hospital[2]	Memphis, Tenn.	S. Pinter	881	1,380	11	7	6	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	McKinney, Texas						10		1-3	275.00
†Veterans Admin. Hospital[2]	Waco, Texas	H. Rubin	4,982	30,030	64	28	8	Varies	1-3	275.00
†Veterans Admin. Hospital[2]	Richmond, Va.	B. Nagler	788		3	1	8	Varies	1-3	275.00
†Veterans Admin. Hospital[2]	Roanoke, Va.	C. W. Grady					3		1	275.00
†Veterans Admin. Hospital[2]	Mendota, Wis.	W. F. Lorenz	662	150	11	1	15	2/1	1-3	275.00
†Veterans Admin. Hospital[2]	Milwaukee	A. I. Rowenhorst	1,000	900	45	17	4	Varies	2	275.00
Manufactured										
Compton Sanitarium[2]	Compton, Calif.	G. E. Myers	776		14	1	4	Varies	1	250.00
Napa State Hospital[2]	Imola, Calif.	W. A. Oliver	5,419	250	389	93	2	Varies	1	255.00
Livermore Sanitarium[2]	Livermore, Calif.	O. B. Jensen	793	600	12		1	7/1	1	250.00
Los Angeles County Hospital[2]	Los Angeles	M. G. Carter	6,294		120	36	1	Varies	1	165.00
†Patton State Hospital[2]	Patton, Calif.	F. F. Williams	4,175		424	15	2		1	
Langley-Porter Clinic[2]	San Francisco	K. M. Bowman	341	12,704			34	Varies	1-3	240.00
Mount Zion Hospital[2]	San Francisco	N. Reider	9	3,564			2	7/1	1	50.00
Stanford University Hospitals[2]	San Francisco	G. R. Johnson					1		1-3	50.00
University of California Hospital[2]	San Francisco	W. M. Bowman	60	2,881			1	Varies	1	100.00
†Stockton State Hospital[2]	Stockton, Calif.	F. H. Adams	5,472	107	378	97	3		1	
Mendocino State Hospital[2]	Talmage, Calif.	D. B. Williams	3,092		102	35	2		1	
University of Colorado Medical Center										
Colorado Psychopathic Hospital[2]	Denver	F. G Ebaugh	1,024	6,139	19	15	26	7/1	1-3	125.00
Colorado State Hospital[2]	Pueblo, Colo.	F. H. Zimmerman	5,518		408	200	4		1	275.00
Institute of Living (Neuro-Psychiatric Institute of the Hartford Retreat)[2]	Hartford, Conn.	C. C. Burlingame	1,348		13	5	9	Varies	1+	250.00
Connecticut State Hospital[2]	Middletown, Conn.	B. Simon	3,921		262	79	3	Varies	1+	215.00
†Silver Hill Foundation[2]	New Canaan, Conn.	W. B. Terhune	281				1	Varies	1+	600.00
Grace-New Haven Community Hospital										
New Haven Unit (University Service)[2]	New Haven, Conn.	F. Redlich	451	3,223	3	2	5	7/1	1	40.00
†Fairfield State Hospital[2]	Newtown, Conn.	S. Friedman	3,280		228	161	5	Varies	1	300.00
Norwich State Hospital[2]	Norwich, Conn.	R. H. Guthrie	3,443		276	43	6	Varies	1-3	200.00
Delaware State Hospital[2]	Farnhurst, Del.	M. A. Tarumiana	1,575	1,445	111	26	7	1/1, 7/1	1-2	125.00
Gallinger Municipal Hospital[2]	Washington, D. C.	J. F. Gilbert	4,108		88	19	2	7/1	1-2	100.00
St. Elizabeths Hospital[2]	Washington, D. C.	W. Overholser	8,016		432	245	8	7/1	1	200.00
†University Hospital[2]	Augusta, Ga.	H. Cleckley	396				3		1	
†Emory University Hospital[2]	Emory University, Ga.	C. A. Whitaker	975	6,000	3	1	4	1/1, 7/1	1-2	250.00
†Alton State Hospital[2]	Alton, Ill.	A. Simon	2,662	248	257	3	4	1/1	1	200.00
Chicago State Hospital[2]	Chicago	I. Spinka	6,666	3,469	680	143	6	1/1, 2/1	1-3	200.00
Cook County Hospital[2]	Chicago	C. J. Neyman	8,859		187		6	1/1, 7/1	1-3	75.00
Illinois Neuropsychiatric Institute[2]	Chicago	F. J. Gerty	187	5,639	1		10	7/1	3	55.00
†Loretto Hospital[2]	Chicago	J. J. Madden	263	395	4	3	1	Varies	1	150.00
Michael Reese Hospital[2]	Chicago	R. R. Grinker	259	4,236			10	Varies	3	
St. Luke's Hospital[2]	Chicago	F. J. Gerty	201	275	4	3	1	7/1	1-2	
University of Chicago Clinics[2]	Chicago	H. Brosin	158	5,753		2	8	7/1	1-2	25.00
Veterans Rehabilitation Center[2]	Chicago	D. Slight	216	11,709			9		1	200.00
Manteno Memorial Hospital[2]	Chicago	T. T. Stone	535		23	9	9	1/1, 7/1	1-4	25.00
Elgin State Hospital[2]	Elgin, Ill.	E. Lubert	7,276	3,163	260	126	6	Varies	1-2	200.00
†Jacksonville State Hospital[2]	Jacksonville, Ill.	H. Hoffman	944	48	361	1	3	Varies	1-2	200.00
†Kankakee State Hospital[2]	Kankakee, Ill.	C. J. Katz	5,253		350	97	3	1/1	1-2	200.00
†Lincoln State School and Colony[2]	Lincoln, Ill.	W. W. Fox	4,888		160	17	2		1	
Manteno State Hospital[2]	Manteno, Ill.	M. Wallenberg	3,654		529		3	Varies	1	150.00
Peoria State Hospital[2]	Peoria, Ill.	H. B. Knowles	3,430		294	48	2	7/1	1	150.00
†North Shore Health Resort[2]	Winnetka, Ill.	S. Lieberman	451		3	3	2	7/1	1	50.00
Central State Hospital[2]	Indianapolis	M. A. Behr	2,934		209	10	4	Varies		425.00
Indianapolis General Hospital[2]	Indianapolis	E. E. Meride	669	956	14	2	3	7/1	1-3	70.00
†Norways Sanatorium[2]	Indianapolis	J. B. Reed	1,030	1,200	3		2	7/1	1-2	200.00
Logansport State Hospital[2]	Logansport, Ind.	E. A. Costa	2,565		183	15	8	Varies	1	250.00
†St. Bernard's Hospital[2]	Council Bluffs, Ia.	W. E. Ash	702		23		2	7/1	1-2	200.00
Iowa State Psychopathic Hospital[2]	Iowa City	W. R. Miller	366	2,068			2	7/1	1	50.00
†Menninger Sanitarium[2]	Topeka, Kan.	R. L. Worthington	141	14,682			10		1-3	
†Louisville General Hospital[2]	Louisville, Ky.	S. Acherly	885	1,686	11	5	2	7/1	1-2	45.00
†Charity Hospital of Louisiana[2]	New Orleans			(Included in Neurology)			2	7/1	1-3	25.00
†DePaul Sanitarium[2]	New Orleans	H. O. Colomb	1,085	1,450	17	10	4	1/1, 7/1	1-3	
Johns Hopkins Hospital[2]	Baltimore	C. C. Whitehorn	252	9,487	2		4		1-2	
†Seton Institute[2]	Baltimore	C. H. Rogerson and W. Muncie	647		13	4	5	7/1	1-3	125.00
Spring Grove State Hospital[2]	Catonsville, Md.	R. W. Woltmer	3,148	1,561	176	71	16		1	
†Chestnut Lodge Sanitarium[2]	Rockville, Md.	D. M. Bullard	32		2		2	7/1	2	175.00
Springfield State Hospital[2]	Sykesville, Md.	R. E. Gardner	3,602		209	49	10	7/1	1+	220.00
Sheppard and Enoch Pratt Hospital[2]	Towson, Md.	R. McC. Chapman	388	125	7	4	8	3/1, 7/1	1-2	100.00
Boston Psychopathic Hospital[2]	Boston	H. C. Solomon	1,251	6,560	10	2	14	9/1	1	128.00
Boston State Hospital[2]	Boston	E. Lennard	2,900		382	122	4	7/1	1-2	140.00
†Joseph H. Pratt Diagnostic Hospital[2]	Boston	M. Cohen	1,250	392			2	1/1, 7/1	1	83.33
Massachusetts General Hospital[2]	Boston	S. Cobb	1755	2,591[6]			7		1-3	41.67
†Massachusetts Memorial Hospital[2]	Boston	W. Malamud					3	7/1	2-3	200.00
†Peter Bent Brigham Hospital[2]	Boston	H. M. Fox		(Included in Internal Medicine)			2			
Foxboro State Hospital[2]	Foxboro, Mass.	R. B. Dexter	1,542	263	105	3	2	9/1	1	125.00
Gardner State Hospital[2]	Gardner, Mass.	C. E. Thompson	1,762		101	5	9	Varies	1-2	250.00
Danvers State Hospital[2]	Hathorne, Mass.	F. B. Hampton	3,038	1,042	288	31	2		1	140.00
Medfield State Hospital[2]	Medfield, Mass.	E. K. Holt	1,490		181	20	2		1-2	
Northampton State Hospital[2]	Northampton, Mass.	J. H. F. Leggee	2,928		230	79	2	Varies	1+	
Grafton State Hospital[2]	North Grafton, Mass.	H. L. Paine	2,139	847	127	34	2	7/1	1	140.00
Monson State Hospital[2]	Palmer, Mass.	L. J. Robinson	1,573	375	84		2[d]	7/1	1	115.00
†Austen Riggs Foundation[2]	Stockbridge, Mass.	R. P. Knight	166				2	7/1, 9/1	1-2	75.00
Taunton State Hospital[2]	Taunton, Mass.	R. M. Chambers	2,557	2,224	241	82	7	7/1	2-4	140.00
Metropolitan State Hospital[2]	Waltham, Mass.	W. C. Gaebler	1,976		194	74	2	1/1	1	
McLean Hospital[2]	Waverley, Mass.	K. J. Tillotson	440		7	3	4	4/1, 7/1	1	
Westboro State Hospital[2]	Westboro, Mass.	R. V. Hadley	2,222		141	27	2	Varies	1-2	

Numerical and other references will be found on page 89

22. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning (1948) Service (Months)	Length of Service Required (Years)	Remuneration Stipend (Month)
Worcester State Hospital	Worcester, Mass.	D. Rothschild	3,536	550	250	74	20	Varies	1-3	
University Hospital	Ann Arbor, Mich.	R. W. Waggoner	909	5,275	...	...	14	7/1	1-5	$111.40
City of Detroit Receiving Hospital	Detroit	T. V. Hoagland	5,348	425	94	34	4	7/1	1	167.00
Henry Ford Hospital	Detroit	T. J. Hekhuis	644	10,209	17	10	5	7/1	1-3	200.00
Wayne County General Hospital and Infirmary	Eloise, Mich.	L. S. Lipschutz	5,164	3,055	302	76	7	7/1	1-3	251.25
Kalamazoo State Hospital	Kalamazoo, Mich.	C. M. Ischriver	2,879	1,395	332	33	4	1/1	2-3	300.00
Pontiac State Hospital	Pontiac, Mich.	P. V. Wagley	2,872	253	214	83	6	Varies	3	330.00
Traverse City State Hospital	Traverse City, Mich.	M. M. Nickels	3,345	150	260	72	6	.....	3-5	300.00
Ypsilanti State Hospital	Ypsilanti, Mich.	O. R. Yoder	4,139	639	266	63	6	.....	1-2	.....
Minneapolis General Hospital	Minneapolis	J. C. Michael	.....	.....	.....	.....	1	1/1, 7/1	1-3	115.00
University Hospitals	Minneapolis	D. W. Hastings	286	.....	.....	.....	20	7/1	1-3	115.00
Rochester State Hospital	Rochester, Minn.	M. C. Petersen	2,232	.....	272	108	4	Varies	1	150.00
Mayo Foundation	Rochester, Minn.	H. W. Woltman	(See Neurology; also page 89							
St. Peter State Hospital	St. Peter, Minn.	G. H. Freeman	2,907	.....	255	47	1	.....	1-2	75.00
State Hospital No. 1	Fulton, Mo.	W. J. Cremer	2,502	.....	267	34	4	7/1	1-3	150.00
Kansas City General Hospital No. 1	Kansas City, Mo.	M. L. Bills	292	1,265	38	12	1	7/1	1-3	50.00
State Hospital No. 2	St. Joseph, Mo.	G. W. Forman	2,851	.....	225	2	2	.....	1-3	100.00
Barnes Hospital	St. Louis	F. F. Gildea	488	5,932	3	3	13	7/1	1-3	25.00
City Sanitarium	St. Louis	L. H. Kohler	3,968	.....	201	77	18	7/1	1-3	141.00
Homer G. Phillips Hospital	St. Louis	E. F. Gildea	(Included in Neurology)				1	7/1	1-2	50.00
St. Louis City Hospital	St. Louis	T. Thale	2,342	144	108	37	9	7/1	1	95.00
St. Vincent's Sanitarium	St. Louis	P. E. Kubitschek	577	.....	22	4	2	7/1	1-2	200.00
Hastings State Hospital	Hastings, Neb.	J. C. Nielsen	2,067	200	.....	.....	8	Varies	1-6	300.00
Norfolk State Hospital	Norfolk, Neb.	G. L. Sandritter	1,303	1,040	80	32	3	Varies	1-3	300.00
Lutheran Hospital	Omaha	G. A. Young, Sr.	769	.....	3	2	1	7/1	1	150.00
New Hampshire State Hospital	Concord, N. H.	W. C. Brinegar	3,730	.....	288	80	.....	.....	1	133.75
Essex County Overbrook Hospital	Cedar Grove, N. J.	S. W. Hamilton	3,029	.....	302	32	4	.....	1	.....
New Jersey State Hospital	Greystone Park, N. J.	M. A. Curry	6,885	.....	636	108	3	Varies	1-2	300.00
New Jersey State Hospital	Marlboro, N. J.	J. B. Gordon	4,046	936	332	160	2	.....	1-2	100.00
New Jersey State Hospital	Trenton, N. J.	J. B. Spradley	4,287	.....	301	44	2	.....	.....	100.00
Albany Hospital	Albany, N. Y.	E. J. Herrero	1,324	987	.....	14	4	7/1	1-3	41.67
Matteawan State Hospital	Beacon, N. Y.	J. F. McNeill	1,755	.....	41	6	1	Varies	1	274.50
Hillside Hospital	Bellerose, N. Y.	J. S. A. Miller	404	575	2	1	7	.....	2	150.00
Binghamton State Hospital	Binghamton, N. Y.	H. S. Gregory	3,331	.....	235	86	2	.....	1-2	.....
Brooklyn State Hospital	Brooklyn	C. H. Bellinger	5,307	5,976	668	116	6	.....	3	274.50
Kingsboro Hospital	Brooklyn	H. Potter	4,423	.....	152	14	6	7/1	1	100.00
Buffalo State Hospital	Buffalo	C. Fletcher	3,565	14	230	38	2	Varies	1	250.00
Edward J. Meyer Memorial Hospital	Buffalo	L. A. Osborn	1,937	695	89	37	3	.....	1	100.00
Central Islip State Hospital	Central Islip, N. Y.	D. Corcoran	9,270	2,584	542	143	8	.....	1-3	208.33
Creedmoor State Homeopathic Hospital	Creedmoor, N. Y.	Helmuth Boh	3,549	.....	204	57	2	.....	1-2	.....
Pinewood Sanitarium	Katonah, N. Y.	L. Wender	229	.....	2	...	1	1/1	1	175.00
Kings Park State Hospital	Kings Park, N. Y.	A. E. Roper	8,187	3,156	436	77	11	.....	1-2	.....
River Crest Sanitarium	Long Island City, N. Y.	J. C. Kindred	341	.....	.....	.....	3	9/1	1-2	150.00
Marcy State Hospital	Marcy, N. Y.	N. Napthaw	3,176	.....	268	21	4	.....	1	.....
Middletown State Homeopathic Hosp.	Middletown, N. Y.	W. A. Schmitz	3,757	557	222	71	6	Varies	1	275.00
Bellevue Hospital, Div. III—N. Y. Univ.	New York City	S. B. Wortis	20,000	10,000	.....	.....	32	7/1	1+	70.00
Manhattan State Hospital	New York City	J. H. Travis	6,224	.....	1,029	216	4	.....	1-2	208.33
Mount Sinai Hospital	New York City	M. R. Kaufman	.....	.....	.....	.....	2	1/1, 7/1	1-2	50.00
New York Hospital	New York City	O. Diethelm	282	6,502	2	...	12	1/7	1-5	50.00
New York State Psychiatric Institute and Hospital	New York City	I. H. MacKinnon	366	1,030	1	...	22	.....	1-3	.....
St. Lawrence State Hospital	Ogdensburg, N. Y.	J. A. Pritchard	2,603	.....	140	1	4	.....	1-2	.....
Rockland State Hospital	Orangeburg, N. Y.	R. E. Blaisdell	7,795	.....	384	122	8	Varies	1-2	208.66
Stony Lodge Sanitarium	Ossining, N. Y.	B. C. Glueck, Jr.	118	.....	5	...	2	1/1, 7/1	1-3	200.00
Hudson River State Hospital	Poughkeepsie, N. Y.	W. C. Groom	5,518	500	437	72	9	Varies	1-2	.....
Creedmoor State Hospital	Queens Village, N. Y.	H. A. LaBurt	7,057	3,629	512	69	9	.....	1-2	225.00
Rochester State Hospital	Rochester, N. Y.	J. L. Van DeMark	3,843	2,085	368	43	2	.....	1-2	275.00
Strong Memorial—Rochester Municipal Hospitals	Rochester, N. Y.	J. Romano	310	1,480	3	...	8	7/1	1-3	.....
Syracuse Psychopathic Hospital	Syracuse, N. Y.	M. F. Brew	720	974	14	5	3	7/1, 10/1	1-2	274.50
Utica State Hospital	Utica, N. Y.	A. D. Pense	2,342	2,473	225	14	2	.....	1-2	.....
Gramlands Hospital	Valhalla, N. Y.	M. Holland	1,375	1,493	46	23	5	1/1, 7/1	1-3	127.50
Pilgrim State Hospital	W. Brentwood, N. Y.	H. H. Worthing	9,661	3,704	579	173	20	Varies	1-3	208.33
New York Hospital—Westchester Div.	White Plains, N. Y.	J. H. Wall	.....	.....	9	...	9	1/1	1-3	125.00
Willard State Hospital	Willard, N. Y.	R. Kevil	3,382	.....	237	39	5	Varies	2	225.00
Harlem Valley State Hospital	Wingdale, N. Y.	A. M. Stanley	5,266	1,101	278	96	5	Varies	1	.....
Duke Hospital	Durham, N. C.	R. S. Lyman	245	1,492	1	1	10	7/1	.....	.....
North Carolina Baptist Hospital	Winston-Salem, N. C.	L. J. Thompson	367	600	.....	.....	5	1/1, 7/1	1-3	75.00
Christ Hospital	Cincinnati	H. D. Fabing	.....	.....	.....	.....	1	7/1	1	100.00
Cincinnati General Hospital	Cincinnati	M. Levine	1,084	626	13	5	14	7/1	1-2	.....
Longview State Hospital	Cincinnati	D. Goldman	3,654	.....	233	71	3	7/1	1-3	126.00
Cleveland State Receiving Hospital	Cleveland	R. E. Bennett	842	.....	44	24	12	7/1	1-2	100.00
Cleveland Clinic Foundation Hospital	Cleveland	L. J. Karnosh	(See Neurology)				2	7/1	1-2	200.00
Cleveland State Hospital	Cleveland	E. H. Crawfis	3,695	.....	170	40	2	7/1	1-2	200.00
University Hospitals	Cleveland	D. Bond	1,342	2,257	.....	.....	5	7/1	1+	50.00
Columbus State Hospital	Columbus, Ohio	J. F. Bateman	3,050	3,100	189	81	4	Varies	1-3	233.33
Massillon State Hospital	Massillon, Ohio	A. G. Hyde	2,490	782	289	66	3	1/1	1	100.00
Harding Sanitarium	Worthington, Ohio	T. Harding	458	2,547	9	...	3	7/1	1-3	150.00
Central Oklahoma State Hospital	Norman, Okla.	D. W. Griffin	4,497	150	264	18	2	.....	1	200.00
Oregon State Hospital	Salem, Ore.	J. C. Evans	4,230	.....	340	27	3	.....	1-3	.....
Allentown State Hospital	Allentown, Pa.	H. F. Hoffman	1,899	522	141	7	4	9/1	2-3	241.67
Danville State Hospital	Danville, Pa.	J. J. Canavan	2,830	1,153	146	18	3	.....	1-2	.....
Harrisburg State Hospital	Harrisburg, Pa.	H. K. Petry	2,956	479	184	56	4	Varies	1	275.00
Norristown State Hospital	Norristown, Pa.	A. P. Noyes	4,973	.....	350	80	13	Varies	1-3	325.00
Friends Hospital	Philadelphia	T. H. Dehne	479	1,252	21	12	4	Varies	1-2	200.00
Institute for Pennsylvania Hospital	Philadelphia	L. H. Smith	312	.....	.....	.....	14	7/1	1-2	100.00
Jefferson Medical College Hospital	Philadelphia	.....	25	2,348	.....	.....	1	.....	1	.....
Pennsylvania Hospital, Department for Mental and Nervous Diseases	Philadelphia	L. H. Smith	574	.....	17	6	10	7/1	1-2	100.00
Philadelphia General Hospital	Philadelphia	.....	2,865	.....	146	...	3	.....	1-3	70.00
Philadelphia Psychiatric Hospital	Philadelphia	N. W. Winkelman	438	184	1	...	6	7/1	1-2	100.00
Philadelphia State Hospital	Philadelphia	E. L. Bielke	6,608	.....	317	58	6	Varies	1-3	.....
Temple University Hospital	Philadelphia	O. S. English	.....	2,034	.....	.....	2	7/1	3	50.00
St. Francis Hospital	Pittsburgh	H. L. Mitchell and C. H. Henninger	3,089	362	91	15	4	7/1	3	110.00
Western State Psychiatric Institute and Clinic	Pittsburgh	R. A. Clark	320	.....	8	3	12	7/1	1-2	175.00
Warren State Hospital	Warren, Pa.	R. H. Israel	3,310	.....	.....	...	8	7/1	1-5	225.00
Woodville State Hospital	Woodville, Pa.	R. H. Phifer	2,845	.....	141	...	4	7/1, 9/1	2	147.50
State Hospital for Mental Diseases	Howard, R. I.	J. F. Regan	3,772	602	433	73	4	Varies	1-3	333.33
Butler Hospital	Providence, R. I.	A. H. Ruggles	360	2,999	23	9	4	Varies	1-2	.....
Charles V. Chapin Hospital	Providence, R. I.	J. C. Greason	838	713	14	7	2	.....	1	172.50
Beverly Hills Sanitarium	Dallas, Texas	S. Weiss	851	104	20	...	4	7/1	1	200.00

Numerical and other references will be found on page 89

22. PSYCHIATRY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
†Timberlawn Sanitarium[1]	Dallas, Texas	G. F. Witt	491	.....	3	.....	5	.....	1-3	$300.00
University of Texas Medical Branch										
†Galveston State Psychopathic Hospital[1]	Galveston, Texas	J. R. Ewalt	(Included in Neurology)				4	9/1	1-3	200.00
John Sealy Hospital ✪ [1]	Galveston, Texas	T. H. Harris	941	2,798	8	2	6	.....	1-3	50.00
†Vermont State Hospital[1] [2]	Waterbury, Vt.	R. A. Chittick	1,501	.....	128	39	2	Varies	1-3	100.00
University of Virginia Hospital ✪ [1]	Charlottesville, Va.	D. C. Wilson	.....	.....	.....	.....	6	7/1	1-3	75.00
Medical College of Virginia, Hosp. Div. ✪ [1]	Richmond, Va.	R. F. Gayle	807	2,388	6	2	3	7/1	1-3	66.50
Western State Hospital[1] [2]	Ft. Steilacoom, Wash.	R. H. Rea	3,643	.....	331	161	6	.....	1-3	.....
Eastern State Hospital[2] [1]	Medical Lake, Wash.	H. A. Perry	2,507	286	201	5	6	4/1, 7/1	1-2	275.00
Northern State Hospital[2] [1]	Sedro Woolley, Wash.	F. E. Sheridan	2,100	.....	.....	.....	2	7/1	3	370.00
State of Wisconsin General Hospital ✪ [1] [2]	Madison, Wis.	M. G. Masten	.....	.....	.....	.....	2	7/1	3	25.00
Milwaukee County Hosp. for Mental Dis.[2] [1]	Milwaukee	M. Kasak	1,674	1,237	18	8	9	1/1, 7/1	1-3	50.00
Milwaukee Sanitarium[2] [1]	Wauwatosa, Wis.	J. A. Kindwall	542	.....	3	3	2	7/1	1-2	.....
Queen's Hospital ✪ [1]	Honolulu, Hawaii	R. D. Keyser	1,061	.....	2	1	2	1/1, 7/1	1-2	100.00

23. PULMONARY DISEASES

The following services are approved by the Council and the American Board of Internal Medicine
Hospitals, 116; Assistant Residencies and Residencies, 418

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army										
†Fitzsimons General Hospital ✪	Denver	C. W. Tempel	1,602	333	44	41	6	1/1	1-3	a
Veterans Administration										
†Veterans Admin. Hospital	San Fernando	W. B. Brown	2,125	2,458	73	21	1	.....	1-3	$275.00
†Veterans Admin. Hospital	Van Nuys, Calif.	A. E. Landy	1,020	2,439	89	79	8	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Hines, Ill.	A. Shamaskin	294	1,008	113	28	1	.....	1-3	275.00
†Veterans Admin. Hospital	Alexandria, La.	I. Epstein	890	.....	.....	.....	6	.....	1-3	275.00
†Veterans Admin. Hospital	Rutland Heights, Mass.	J. E. Keirans	774	.....	103	19	1	.....	1-3	275.00
†Veterans Admin. Hospital	Excelsior Springs, Mo.	P. C. Bruce	633	.....	64	34	4	.....	1-3	275.00
†Veterans Admin. Hospital	Oteen, N.C.	D. B. MacCallum	2,038	1,443	260	68	1	.....	1-3	275.00
†Veterans Admin. Hospital	Brecksville, Ohio	W. S. Schwartz	504	811	30	8	2	.....	1-3	275.00
†Veterans Admin. Hospital	McKinney, Texas	Z. Brickman	326	.....	20	12	1	.....	1-3	275.00
†Veterans Admin. Hospital	Walla Walla, Wash.	W. G. Lewis	1,342	.....	72	43	1	.....	1-3	275.00
Nonfederal										
Los Angeles Sanitarium[1]	Duarte, Calif.	J. Segal	304	1,537	39	18	5	.....	1	.....
Arroyo-Del Valle Sanatorium	Livermore, Calif.	C. Bush	494	682	44	1	1	7/1	1	130.00
Barlow Sanatorium[1]	Los Angeles	H. W. Bosworth	182	1,274	2	1	2	7/1	1	100.00
Los Angeles County Hospital ✪ [1]	Los Angeles	C. R. Howson	1,275	1,881	414	88	3	Varies	1	.....
Pottenger Sanatorium and Clinic[1]	Monrovia, Calif.	F. M. Pottenger	207	770	8	2	1	.....	1	.....
Rest Haven Sanatorium[1]	Murphys, Calif.	E. P. Smart	330	3,919	15	3	1	7/1	1-2	364.00
Olive View Sanatorium[1]	Olive View, Calif.	C. E. Babcock	1,741	.....	86	36	15	Varies	1	375.00
San Diego County General Hospital ✪	San Diego, Calif.	V. J. Wyborney	311	2,400	47	9	1	7/1	1	167.00
San Francisco Hospital ✪ [1]	San Francisco	F. M. Faber	851	.....	210	14	3	.....	1	175.00
Santa Clara County Hospital ✪	San Jose, Calif.	C. Ianne	.....	.....	.....	.....	2	.....	1-3	.....
Fairmont Hospital of Alameda County[1]	San Leandro, Calif.	J. L. Eaton	161	1,857	57	19	1	.....	1-3	.....
National Jewish Hospital[1]	Denver	A. Hurst	445	.....	20	15	8	7/1	1-3	100.00
University of Colorado Medical Center[2]										
Denver General Hospital ✪	Denver	J. J. Waring	126	5,840	34	9	1	1/1	1	50.00
Sanatorium of the Jewish Consumptives' Relief Society	Spivak, Colo.	M. Chernyk	323	.....	30	9	4	.....	1	.....
Underhill Sanatorium[1]	Meriden, Conn.	C. B. Gibson	384	3,492	47	9	1	7/1	1-2	388.66
Norwich State Tuberculosis Sanatorium (Uncas-on-Thames)	Norwich, Conn.	W. H. Weidman	666	3,389	76	26	1	Varies	1	300.00
Laurel Heights State Tuberculosis Sanatorium	Shelton, Conn.	E. J. Lynch	474	3,650	36	8	2	7/1	1	170.00
Gaylord Farm Sanatorium[1]	Wallingford, Conn.	D. R. Lyman	295	3,000	3	1	2	Varies	1	100.00
†Freedmen's Hospital ✪	Washington, D.C.	H. M. Payne	130	5,836	46	12	2	7/1	1-2	.....
Tuberculosis Sanatorium (Glen Dale, Md. P. O.)	Washington, D. C.	D. L. Finurane	985	.....	167	70	12	Varies	1-5	222.40
†Battey State Hospital[1]	Rome, Ga.	J. L. Chesnut	1,142	.....	153	37	2	1/1	1-2	325.00
†City of Chicago Municipal Tuberculosis Sanitarium	Chicago	K. J. Henrichsen	512	.....	411	148	2	.....	1-3	.....
University of Chicago Clinics ✪	Chicago	R. G. Bloch	.....	2,233	.....	.....	1	7/1	1-2	25.00
Macon County Tuberculosis Sanatorium[1]	Decatur, Ill.	D. F. Loewen	119	7,953	8	5	1	1/1	1	200.00
Pleasant View Sanatorium	East St. Louis, Ill.	W. S. Broker	212	2,548	33	.....	1	7/1	1-2	180.00
Peoria Municipal Tuberculosis Sanatorium[1]	Peoria, Ill.	D. Moore	238	3,577	26	11	1	7/1	1	175.00
Rockford Municipal Tuberculosis Sanatorium[1]	Rockford, Ill.	W. J. Bryan	238	4,012	27	6	1	.....	1-3	300.00
Lake County Tuberculosis Sanatorium[1]	Waukegan, Ill.	C. K. Petter	282	3,692	36	17	1	1/1, 7/1	1-2	.....
Burbue Tuberculosis Hospital[1]	Evansville, Ind.	P. D. Crimm	286	866	52	51	1	Varies	1-2	.....
Indianapolis General Hospital ✪	Indianapolis	D. F. White	1,070	2,615	55	11	1	7/1	1	100.00
Sunnyside Sanatorium	Indianapolis	F. L. Jennings	407	277	52	13	2	Varies	1	175.00
Healthwin Hospital	South Bend, Ind.	E. W. Custer	363	656	46	7	1	1/1	1	300.00
State Sanatorium[1]	Oakdale, Iowa	W. M. Spear	703	2,177	83	7	1	.....	1	100.00
†Charity Hospital of Louisiana ✪ [1]	New Orleans, La.	.....	1,482	8,482	122	9	3	7/1	1-2	25.00
Western Maine Sanatorium[1]	Greenwood Mt., Me.	L. Adams	151	328	28	11	1	Varies	1	.....
Baltimore City Hospital ✪ [1]	Baltimore	H. V. Langeluttig	713	.....	164	68	2	7/1	1	33.00
Buston Sanatorium	Buston	J. A. Foley	991	.....	201	26	5	Varies	1	150.00
Rutland State Sanatorium[1]	Rutland, Mass.	P. Dufault	415	.....	51	11	1	Varies	1	.....
Norfolk County Hospital	S. Braintree, Mass.	N. R. Pillsbury	187	4,003	17	3	2	7/1	1-2	220.00
Middlesex County Sanatorium[1]	Waltham, Mass.	F. P. Dawson	553	18,508	73	28	2	.....	1-2	220.00
Westfield State Sanatorium[1]	Westfield, Mass.	D. A. Martin	303	6,176	43	.....	2	7/1	1-2	255.00
Belmont Hospital	Worcester, Mass.	M. S. Bacastow	348	3,118	37	15	2	.....	1	135.00
University Hospital ✪ [1]	Ann Arbor, Mich.	D. Jenkins	.....	.....	.....	.....	2	7/1	1-5	111.40
American Legion Hospital	Battle Creek, Mich.	L. C. Manni	402	786	51	.....	1	.....	1	.....
Herman Kiefer Hospital[1]	Detroit	F. T. Chapman	1,746	41,885	323	128	11	7/1	1-4	350.00
Michigan State Sanatorium[1]	Howell, Mich.	E. W. Labee	690	2,602	58	2	3	Varies	1	300.00
Ingham Sanatorium[1]	Laming, Mich.	C. J. Stringer	397	17,971	18	4	3	7/1	1	300.00
Morgan Heights Sanatorium	Marquette, Mich.	J. R. Acocks	139	1,678	11	1	1	7/1	1-3	150.00
William H. Maybury Sanatorium[1]	Northville, Mich.	W. L. Howard	1,530	.....	196	74	3	Varies	1	.....
Oakland County Tuberculosis Hospital[1]	Pontiac, Mich.	C. P. Mehan	372	6,627	43	14	4	1/1	1-3	250.00
Nopeming Sanatorium[1]	Nopeming, Minn.	G. A. Hedberg	494	.....	27	12	2	7/1	1	.....
Glen Lake Sanatorium[1]	Oak Terrace, Minn.	E. S. Mariette	1,026	23,823	120	38	5	Varies	1	125.00
Mississippi State Tuberculosis Sanatorium	Sanatorium, Miss.	H. Boswell	569	1,952	40	2	1	.....	2-3	.....
Kansas City Municipal Tuberculosis Hosp.	Kansas City, Mo.	D. L. Coffman	540	.....	59	20	1	.....	1	.....
Robert Koch Hospital[1]	Koch, Mo.	G. D. Kettelkamp	891	.....	162	78	9	Varies	1-2	.....

Numerical and other references will be found on page 89

23. PULMONARY DISEASES—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
Homer G. Phillips Hospital☆	St. Louis	A. Goldman	245	.....	62	8	1	7/1	1	$ 50.00
Mount St. Rose Sanatorium	St. Louis	M. Ohmoto	341	.....	40	19	1	.....	1	.....
New Jersey Sanatorium for Tuberculous Diseases	Glen Gardner, N. J	J. A. Smith	579	1,763	17	4	7	.....	1	300.00
Bertholet S. Pollak Hosp. for Chest Diseases	Jersey City, N. J	B. S. Pollack Jr	1,007b	11,710b	155	23	8	.....	1	.....
Essex County Sanatorium[2]	Verona, N. J	A. M. Hicks	679	2,425	189	28	8	Varies	1	.....
Albany Hospital☆[4]	Albany, N. Y	R. J. Erickson	239	1,441	57	37	1	7/1	1	41.66
Montefiore Hospital Country Sanatorium[2]	Bedford Hills, N. Y	N. Pinner	.....	.....	.....	.....	4	.....	1	.....
Kings County Hospital☆	Brooklyn	C. E. Hamilton	974	4,768	189	16	3	7/1	1	100.00
Kingston Avenue Hospital	Brooklyn	F. Murray	237	.....	47	2	3	7/1	1	125.00
Edward J. Meyer Memorial Hospital☆[2]	Buffalo	H. G. Dayman	780	1,103	185	76	1	7/1	1-3	100.00
Nassau County Tuberculosis Hospital[2]	Farmingdale, N. Y	J. C. Walsh	496	8,552	56	24	4	1/1	1-2	150.00
Herman M. Biggs Memorial Hospital[2]	Ithaca, N. Y	N. S. Lincoln	438	7,824	27	11	5	.....	1	.....
Triboro Hospital[2]	Jamaica, N. Y	R. H. Bennett	850	9,469	119	28	14	.....	1	70.00
†Niagara Sanatorium	Lockport, N. Y	A. N. Aitken	172	3,741	28	23	3	7/1	1	200.00
Mount Morris Tuberculosis Hospital[2]	Mount Morris, N. Y	A. M. Stokes	224	6,799	27	17	4	.....	1	.....
Bellevue Hosp., Div. I—Columbia Univ.☆[4] [5]	New York City	J. B. Amberson	3,067b	11,069b	389	98	14	1/1, 7/1	1	70.00
Lenox Hill Hospital☆[4]	New York City	C. Thorburn	90	.....	2	1	1	Varies	1-2	150.00
Metropolitan Hospital☆[4]	New York City	G. G. Ornstein	543	2,444	216	26	5	Varies	1	120.00
Montefiore Hosp. for Chronic Diseases☆[4]	New York City	.....	269	1,089	38	19	3	1/1, 7/1	1	50.00
St. Joseph Hosp. for Chest Diseases	New York City	J. F. McCarthy	686	.....	80	10	4	.....	1	.....
Homer Folks Tuberculosis Hospital[2]	Oneonta, N. Y	R. Horton	639	7,595	27	6	2	.....	1	300.00
Municipal Sanatorium[2]	Otisville, N. Y	J. S. Edlin	1,156	.....	.....	.....	7	1/1	1	.....
Ray Brook State Tuberculosis Hospital	Ray Brook, N. Y	H. A. Bray	632	4,661	30	13	4	.....	1	.....
Iola-Monroe County Tuberculosis Sanat.[4]	Rochester, N. Y	E. Bridge	640	18,692	78	33	6	7/1	1	200.00
Schenectady County Tuberculosis Hospital[2]	Schenectady, N. Y	J. M. Blake	227	3,147	21	3	2	7/1	1	150.00
Sea View Hospital[2]	Staten Island, N. Y	G. G. Ornstein	2,358	.....	525	78	25	1/1, 7/1	1	120.00
Trudeau Sanatorium[2]	Trudeau, N. Y	E. N. Packard	394	.....	2	1	3	Varies	1	25.00
Grasslands Hospital☆[2]	Valhalla, N. Y	W. G. Childress	544	1,743	78	35	8	1/1, 7/1	1-3	122.50
Jefferson County Sanatorium[2]	Watertown, N. Y	S. E. Simpson	407	2,493	68	37	1	10/1	1-3	75.00
Dunham Hospital[2]	Cincinnati, O	H. J. Heuts	623	5,190	49	16	3	.....	1	.....
City Hospital☆[4]	Cleveland	R. C. McKay	479	666	206	79	2	7/1	1	100.00
Franklin County Tuberculosis Hospital[2]	Columbus, Ohio	W. L. Potts	537	547	84	41	7	Varies	1+	300.00
Sunny Acres, Cuyahoga County Tuberculosis Hospital[2]	Warrensville, Ohio	R. H. Browning	689	31,652	39	14	6	7/1	1+	250.00
Eagleville Sanatorium for Consumptives[2]	Eagleville, Pa	A. J. Cohen	365	6,003	18	...	2	.....	1	.....
Germantown Dispensary and Hospital☆	Philadelphia	F. M. McPhedran	.....	.....	.....	.....	1	7/1	1-2	50.00
Jefferson Medical College Hospital☆	Philadelphia		(White Haven Unit)				2	.....	1	.....
†Philadelphia General Hospital☆[4]	Philadelphia		1,565	.....	496	...	1	.....	1-3	70.00
†City Tuberculosis Hospital	Pittsburgh	G. E. Martin	442	1,782	163	...	4	.....	1-3	234.50
†Tuberculous League Hospital	Pittsburgh	C. H. Marcy	186	19,175	18	3	2	7/1	1-2	200.00
State Sanatorium[2]	Wallum Lake, R. I	U. E. Zambarano	631	4,022	75	11	8	Varies	1	.....
Pine Breeze Sanatorium	Chattanooga, Tenn	J. L. Hamilton	359	416	47	11	1	7/1	1	.....
Davidson County Tuberculosis Hospital	Nashville, Tenn	R. R. Crowe	523	.....	85	18	1	7/1	1-3	200.00
†Oakville Memorial Sanatorium[2]	Oakville, Tenn	F. H. Alley	778	.....	97	29	2	7/1	1-3	150.00
†Woodlawn Hospital	Dallas, Texas	E. Meadenhall	210	332	65	14	1	.....	1	.....
Woodmen of the World Mem. Hospital	San Antonio, Texas	R. G. McCorkle	217	.....	10	4	1	7/1	1	.....
†Firland Sanatorium[2]	Seattle	R. Davies	700	.....	.....	.....	2	7/1	1-2	150.00
Hopemont Sanitarium[2]	Hopemont, W. Va	D. Salkin	753	2,100	47	19	4	.....	1-3	200.00
Muirdale Sanatorium[2]	Milwaukee	A. V. Cadden	928	.....	141	27	2	Varies	1-2	.....
Wisconsin State Sanatorium[2]	Statesan, Wis	R. H. Schmidt, Jr	222	.....	12	7	3	Varies	1	250.00
†Leahi Hospital[2]	Honolulu, Hawaii	H. H. Walker	974	2,320	87	26	13	Varies	1½+	220.00

24. RADIOLOGY

The following services are approved by the Council and the American Board of Radiology (See footnotes 1, 2 and 3 for number of years credit)

Hospitals, 336; Assistant Residencies and Residencies, 833

Name of Hospital	Location	Chief of Service	Type of Training[12]	Roentgenographic Examinations	X-Ray Treatments	Radium Treatments	Autopsy Percentage	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
United States Army											
†Army and Navy General Hospital[2]	Hot Spgs. Nat. Pk., Ark	H. C. Harrell	Rad.	12,962	3,729	29	84	2	1/1	1	*
Letterman General Hospital☆[2]	San Francisco	L. R. Moore	Rad.	40,139	6,789	37	96	5	1/1	1-2	*
†Fitzsimons General Hospital☆[1]	Denver	S. Kellogg	Roent.	51,467	4,637	2	83	3	1/1	1-3	*
Walter Reed General Hospital☆[3]	Washington, D. C	H. I. Amory	Rad.	57,961	12,289	373	83	6	1/1	1-3	*
†Oliver General Hospital☆[1]	Augusta, Ga	A. B. Ramsey	D. R.	36,794	1,005	....	91	4	1/1	1	*
Percy Jones General Hospital☆[2]	Battle Creek, Mich	E. L. Jaimell	Roent.	14,997	3,283	....	100	2	1/1, 7/1	1-2	*
†Brooke General Hospital☆[1]	San Antonio, Texas	A. J. Ackerman	Roent.	65,235	3,500	7	69	3	1/1	1-2	*
United States Navy											
†U. S. Naval Hospital☆[1]	Long Beach, Calif	R. C. Douthat and C. Gartenlaub	Roent.	17,716	3,052	82	90	3	Varies	3	*
†U. S. Naval Hospital☆[1]	Oakland, Calif	K. H. Vinnedge	Roent.	22,537	4,446	....	48	1	Varies	1	*
†U. S. Naval Hospital☆[1]	San Diego, Calif	H. Af Keener	Rad.	37,693	6,694	131	73	2	Varies	1	*
†U. S. Naval Hospital☆[1]	Great Lakes, Ill	J. P. Wood	Roent.	18,420	1,025	....	94	3	Varies	1	*
†U. S. Naval Hospital☆[1]	Bethesda, Md	G. M. Hutton	Roent.	16,279	2,787	....	81	2	Varies	1	*
†U. S. Naval Hospital☆[1]	Chelsea, Mass	G. F. Fraser	Roent.	23,328	2,588	....	93	1	Varies	1-2	*
U. S. Naval Hospital☆[1]	St. Albans, N. Y	M. M. Hardisty	Roent.	26,455	348	....	67	1	10/1	1-3	*
†U. S. Naval Hospital☆[1]	Philadelphia	A. H. Staderman	Roent.	39,186	3,241	....	54	3	Varies	1	*
United States Public Health Service											
†U. S. Marine Hospital☆[1]	Baltimore	J. H. R. Booth	Ther. Rad.	16,594	6,070	125	76	2	7/1	1-3	*
†U. S. Marine Hospital☆[1]	Stapleton, S. I., N. Y	W. M. Sennott	Roent.	36,454	2,407	....	57	3	7/1	1-2	*
Veterans Administration											
Veterans Administration Center[2]	Los Angeles, Calif	C. W. McClanahan	Rad.	59,383	10,781	328	76	3	2/1, 8/1	2-3	$275.00
†Veterans Administration Hospital[1]	San Francisco	W. W. Saunders	D. R.	18,805	256	....	75	3	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	Van Nuys, Calif	F. P. Bugbee	D. R.	32,635	235	....	80	4	1/1, 7/1	3	275.00
†Veterans Admin. Hospital[1]	Fort Logan, Colo	C. F. Ingersoll	D. R.	.....	.....	....	85	3	.....	1-3	275.00
†Veterans Admin. Hospital[1]	Washington, D. C	S. R. Bernack	Rad.	15,166	2,686	26	79	3	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	Chamblee, Ga	W. C. A. Sternbergh	Roent.	14,834	9,617	4	35	3	7/1	1-3	275.00
Veterans Admin. Hospital[1]	Hines, Ill	H. Slobodin	Rad.	67,425	30,957	198	46	6	.....	1-3	275.00
†Veterans Admin. Hospital[1]	Indianapolis	R. T. Levin	D. R.	9,103	.....	....	62	3	.....	1-3	275.00
†Veterans Admin. Hospital[1]	Wadsworth, Kan	?	D. R.	46,494	1,053	6	91	3	Varies	1-3	275.00
†Veterans Admin. Hospital[1]	Louisville, Ky	D. Shapiro	D. R.	22,270	89	....	75	3	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	New Orleans, La	L. Raider	D. R.	14,831	488	....	78	4	7/1	1-3	275.00
†Veterans Admin. Hospital[1]	Fort Howard, Md	J. T. Brackin, Jr	D. R.	12,382	.....	....	55	3	7/1	1-3	275.00

Numerical and other references will be found on page 89

24. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training[2]	Roentgenographic Examinations	X-Ray Treatments	Radium Treatments	Autopsy Percentage	Asst., Res. and Fellowships Offered	Beginning of Service (1948)	Length of Service Required (Years)	Beginning Salaries (Month)
†Veterans Admin. Hospital (West Roxbury)[3]	Boston	E. G. Wissing	D. R.	15,816	.....	....	76	1	2/1	1-3	$275.00
†Veterans Admin. Hospital[3]	Dearborn, Mich.	P. H. Schraer	D. R.	9,395	.....	....	56	3	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Minneapolis, Minn.	L. C. Rigler and D. L. Fink	D. R.	48,664	.....	....	69	3	.....	1	275.00
†Veterans Admin. Hospital[3]	New York City	A. Sheinmel	Roent.	62,825	20,617	18	47	6	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Cleveland	M. D. Sorbe	D. R.	28,341	1,335	5	55	4	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Portland, Oregon	M. D. Hyman	Roent.	20,523	3,365	6	78	1	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Aspinwall, Pa.	G. H. Alexander	D. R.	20,394	.....	....	51	5	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Memphis, Tenn.	W. H. Mendel	D. R.	31,281	1,848	15	73	4	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Nashville, Tenn.	K. H. Diebert	D. R.	6,675[5]	2144[5]	....	68	2	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Dallas, Texas	C. Martin	Rad.	12,400	682	9	50	2	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	McKinney, Texas	B. K. Lovell	D. R.	11,976	1,223	....	73	2	.....	1-3	275.00
†Veterans Admin. Hospital[3]	Temple, Texas	I. J. Zimmerman	D. R.	15,628	.....	....	70	1	7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Salt Lake City	H. H. Lerner and H. L. Plenk	D. R.	7,955	25	....	91	2	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital[3]	Milwaukee, Wis.	T. J. Pfeffer	D. R.	29,568	.....	....	53	3	1/1, 7/1	1-3	275.00
Nonfederal											
§Jefferson-Hillman Hospitals[6, 7]	Birmingham, Ala.	M. Barfield-Carter	Rad.	19,181	9,772	127	37	2	7/1	1	30.00
†Norwood Hospital[6]	Birmingham, Ala.	L. E. Sorrell	Roent.	2,526	4,591	54	48	1	Varies	1	.....
§St. Monica's Hospital[6]	Phoenix, Ariz.	J. Foster	Rad.	5,025	412	40	40	1	7/1	1	150.00
†Tucson Medical Center[1]	Tucson, Ariz.	A. J. Present	Rad.	2,701	47	8	51	1	7/1	1	200.00
University Hospital[6]	Little Rock, Ark.	R. A. Rhinehart	Roent.	7,702	3,809	17	45	2	7/1	1-2	75.00
†San Joaquin General Hospital[6]	French Camp, Calif.	A. M. Yee	Roent.	12,879	3,030	38	65	1	7/1	1-3	200.00
†Cedars of Lebanon Hospital[6]	Los Angeles	E. Freedman and C. Knorr	Rad.	14,550	4,799	72	42	2	7/1	1	50.00
†Hospital of the Good Samaritan[6]	Los Angeles	R. G. Taylor	Rad.	14,533	4,155	104	31	1	7/1	1	200.00
Los Angeles County Hospital[6, 8]	Los Angeles	L. E. Carter	Rad.	75,591	8,119	425	41	3	Varies	3	165.00
†Queen of Angels Hospital[6]	Los Angeles	L. S. Goin	Rad.	8,575	3,238	73	44	1	7/1	3	100.00
St. Vincent's Hospital[1]	Los Angeles	K. S. Davis	Rad.	9,013	1,869	28	52	1	7/1	3	.....
White Memorial Hospital[6]	Los Angeles	W. L. Stilson	Rad.	11,758	8,240	264	60	3	.....	1-3	147.33
Highland-Alameda County Hospital[6]	Oakland, Calif.	H. H. Jensen	Rad.	9,877	1,851	41	46	1	.....	1-3	130.00
†Permanente Foundation Hospital[6, 9]	Oakland, Calif.	O. Hatcher	Rad.	15,060	5,214	14	66	1	8/1	1	125.00
†Palo Alto Hospital[1]	Palo Alto, Calif.	R. A. Powers	D. R.	4,585	385	65	24	1	8/1	1-2	.....
Collis P. and Howard Huntington Memorial Hospital[6]	Pasadena, Calif.	J. F. Chapman and R. S. Harrison	Roent.	8,420	2,620	....	67	1	1/1	1-2	85.00
†Franklin Hospital[6, 9]	San Francisco	A. J. Williams	Roent.	10,162	2,817	3	50	2	.....	1	100.00
Mount Zion Hospital[6]	San Francisco	J. Levitin	Roent.	5,933	535	15	64	1	7/1	1	50.00
§St. Mary's Hospital[6]	San Francisco	C. S. Capp	Roent.	11,146	2,829	....	37	1	4/1	1	100.00
San Francisco Hospital[6, 10]	San Francisco	A. J. Williams	Rad.	62,630	3,511	60	30	4	.....	1	200.00
Stanford University Hospital[6, 9]	San Francisco	F. Windholz	Rad.	16,170	8,244	169	57	4	7/1	1-2	50.00
University of California Hospital[6, 9]	San Francisco	R. S. Stone	Rad.	22,213	14,312	150	67	4	Varies	1	50.00
§Santa Clara County Hospital[6]	San Jose, Calif.	T. N. Foster and J. Von Saltza	Roent.	5,166	251	3	46	1	7/1	1	.....
§Santa Barbara Cottage Hospital[6]	Santa Barbara, Calif.	M. J. Geyman and H. J. Ullmann	D. R.	6,264	3,773	54	69	1	.....	1	.....
§St. John's Hospital[6]	Santa Monica, Calif.	J. C. Conti, Jr.	Rad.	3,593	546	7	38	1	.....	1	50.00
†Presbyterian Hospital[6]	Denver	D. A. Allen	Rad.	5,608[5]	1,805[5]	71[5]	58	1	.....	3	.....
§St. Luke's Hospital[6]	Denver	W. P. Stampfli	Rad.	6,634	1,500	28	51	1	6/1	1	50.00
University of Colorado Medical Center Colorado General Hospital[6, 9]	Denver	E. A. Schmidt	Rad.	18,140	2,434	37	82	2	1/1, 7/1	1-3	75.00
Corwin Hospital[6]	Pueblo, Colo.	H. Ellis	Roent.	7,362	2,463	....	61	1	7/1	1-3	75.00
§Bridgeport Hospital[6]	Bridgeport, Conn.	B. M. Parmelee	Rad.	7,151	1,305	149	38	1	11/1	1	150.00
Hartford Hospital[6, 9]	Hartford, Conn.	D. J. Roberts	Rad.	15,700	8,188	60	55	2	7/1	1-3	50.00
Grace-New Haven Community Hospital Grace Unit[6]	New Haven, Conn.	R. M. Lowman	Rad.	7,792	4,438	47	37	1	7/1	3	40.00
New Haven Unit (University Service)[6, 9]	New Haven, Conn.	H. Wilson	Rad.	25,192	4,432	36	50	3	7/1	1	40.00
†Hospital of St. Raphael[6]	New Haven, Conn.	G. Broan	Roent.	7,641	1,046	12	31	2	7/1	1	75.00
†Waterbury Hospital[6]	Waterbury, Conn.	J. J. Harvey	Rad.	8,215	1,477	52	40	1	7/1	3	100.00
†Delaware Hospital[6]	Wilmington, Del.	W. W. Lattomus	D. R.	11,481	2,108	84	56	1	7/1	1	110.00
Doctors Hospital[6]	Washington, D. C.	A. C. Christie	Rad.	1,700	810	69	74	3	7/1	3	125.00
§Gallinger Municipal Hospital[6, 7]	Washington, D. C.	H. R. Reed	Rad.	25,844	929	22	55	2	7/1	1-2	.....
Garfield Memorial Hospital[6, 7]	Washington, D. C.	A. G. Hampton	Rad.	13,750	13,811	117	50	5	.....	1-2	150.00
Georgetown University Hospital[6]	Washington, D. C.	M. M. Copeland	Rad.	8,563	3,640	88	54	3	7/1	1-3	.....
Sibley Memorial Hospital[6, 9]	Washington, D. C.	W. M. Clopton	Rad.	9,626	1,867	....	48	1	7/1	1-2	100.00
James M. Jackson Memorial Hospital[6]	Miami, Fla.	T. M. Berman	Rad.	16,993	3,873	29	32	1	.....	1	.....
Grady Memorial Hospital[6, 9]	Atlanta, Ga.	H. H. Weems	Rad.	30,563	3,672	179	50	2	7/1	1	20.00
Piedmont Hospital[6]	Atlanta, Ga.	G. Hoffman	Rad.	5,052	741	....	45	1	.....	1	.....
†University Hospital[6, 9]	Augusta, Ga.	L. P. Holmes	Rad.	18,935	4,937	327	25	1	7/1	1	40.00
†Emory University Hospital[6]	Emory University, Ga.	Leigh	Rad.	7,720	5,260	141	46	2	7/1	1	50.00
†Abraham Brothers Hospital[6]	Chicago	M. Indovina	Roent.	9,176	1,481	5	52	1	6/1	1	100.00
Augustana Hospital[6]	Chicago	D. B. Bruce	Rad.	7,943	3,367	....	48	2	7/1	1-3	50.00
Cook County Hospital[6]	Chicago	G. London	Rad.	135,727	21,540	116	23	4	1/1, 7/1	1	.....
†Edgewater Hospital[6]	Chicago	N. S. Zeitlin	Roent.	.....	.....	....	44	1	7/1	2-3	150.00
†Illinois Masonic Hospital[6, 9]	Chicago	J. H. Gilmore	Rad.	7,958	396	12	57	1	Varies	1	.....
†Lutheran Deaconess Home and Hospital[6]	Chicago	R. G. Willy	Roent.	12,221	334	20	42	1	.....	1	.....
†Mercy Hospital—Loyola University Clinics[6]	Chicago	W. W. Furey	Rad.	8,600	10,954	227	45	2	7/1	1	25.00
Michael Reese Hospital[6, 9]	Chicago	R. A. Arcus and E. H. Ullmann	Rad.	43,856	16,000	3,000	67	5	.....	1	50.00
Mount Sinai Hospital[6, 9]	Chicago	J. Arenth	Roent.	9,423	2,324	....	47	2	7/1	1-2	50.00
Passavant Memorial Hospital[6, 9]	Chicago	R. B. Lewis	Rad.	5,422[5]	1,054[5]	74	68	3	.....	1	.....
Presbyterian Hospital[6]	Chicago	F. E. Burge	Rad.	23,780	5,376	108	56	3	7/1	1-3	25.00
Provident Hospital[6, 9]	Chicago	W. P. Quinn	Rad.	4,945	61,721	30	54	1	7/1	1-3	50.00
†Ravenswood Hospital[6]	Chicago	D. L. Jenkinson	Rad.	11,460	2,480	....	69	1	.....	1	.....
Research and Educational Hospitals[6, 9]	Chicago	R. A. Harvey	Rad.	15,279	13,181	1,227	83	6	7/1	1-3	55.00
†St. Bernard's Hospital[6]	Chicago	J. Ash	Rad.	7,469	3,477	255	39	1	2/1, 7/1	1-3	200.00
†St. Joseph Hospital[6, 9]	Chicago	W. E. Ampach	Roent.	6,813	1,706	29	.....	2	.....	1	.....
St. Luke's Hospital[6, 9]	Chicago	E. L. Jenkinson	Rad.	29,386	6,154	48	62	6	.....	1-3	.....
University of Chicago Clinics[6]	Chicago	P. C. Hodges	Rad.	18,047	6,053	99	79	6	1/1, 7/1	1-3	85.00
Wesley Memorial Hospital[6, 9]	Chicago	C. Barth	Rad.	21,114	1,493	....	56	3	1/1, 7/1	1-3	25.00
†Woodlawn Hospital[6, 9]	Chicago	H. A. Olin	Roent.	3,439	717	15	59	1	1/1	1-3	.....
Evanston Hospital[6]	Evanston, Ill.	R. G. Willy	Rad.	18,607	1,257	....	86	2	.....	3	50.00
§St. Francis Hospital[6]	Evanston, Ill.	A. C. Leskovi	Rad.	14,384	979	30	60	1	7/1	1	75.00
†Little Company of Mary Hospital[6]	Evergreen Park, Ill.	W. W. Furey	D. R.	10,848	2,338	80	29	1	3/1,	1	100.00
†Ryburn Memorial Hospital[6, 10]	Ottawa, Ill.	R. J. Bailey	Ther. Rad.	1,820[5]	3,824[5]	125[5]	15	1	5/1	1	150.00
†Methodist Hospital of Central Illinois[6]	Peoria, Ill.	F. H. Decker	Rad.	6,900	2,322	134	32	1	7/1	1	100.00
St. Francis Hospital[6, 9]	Peoria, Ill.	P. R. Dirkse	Rad.	12,196	3,786	6	52	1	7/1	1-2	150.00
†Clinic Hospital[1]	Bluffton, Ind.	L. Long	Rad.	19,000	3,261	19	51	1	7/1,	1-3	100.00

Hospital and other references will be found on page 89

24. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training	Roentgenographic Examinations	X-Ray Treatments	Radium Treatments	Autopsy Percentage	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary Stipend (Month)
†St. Mary's Mercy Hospital a¹	Gary, Ind.	C. P. Galanti	Roent.	6,147b	3,024b		23	1*	7/1	2-3	$50.00
St. Margaret Hospital a²	Hammond, Ind.	C. W. Rauschenbach	Roent.	5,450	930	16	26	3	1/1	3	175.00
Indianapolis General Hospital a³	Indianapolis	L. A. Smith	Rad.	15,418	5,668	81	33	3	7/1	1-3	70.00
Indiana University Medical Center a³ ⁴	Indianapolis	J. A. Campbell	Rad.	19,525	10,967	248	56	6	7/1	1-3	33.33
Methodist Hospital a³ ⁴	Indianapolis	H. C. Orbener	Rad.	21,441	5,711		32	1	1/1	1-2	200.00
†St. Elizabeth Hospital a¹	LaFayette, Ind.	D. C. McClelland	Rad.				26	1	6/1	1	100.00
†Ball Memorial Hospital a¹	Muncie, Ind.	B. W. Stocking	Roent.	9,518	2,645	30	37	1	1/1, 7/1	1-3	100.00
Iowa Methodist Hospital a²	Des Moines, Iowa	T. A. Borcham	Rad.	7,089	748	19	71	1	7/1	1-2	75.00
University Hospitals a³ ⁴	Iowa City	H. D. Kerr	Rad.	24,288	15,432	14	63	11	7/1	1-3	50.00
University of Kansas Hospitals a³ ⁴	Kansas City, Kan.	G. M. Tice	Rad.	35,338	11,023	180	65	2		1-3	
†Louisville General Hospital a¹	Louisville, Ky.	E. L. Pirkey	Rad.	20,760	2,044	19	41	3	7/1	1	45.00
†St. Joseph Infirmary a²	Louisville, Ky.	S. E. Johnson	Rad.	9,237	4,384	136	43	2	7/1	1-2	66.67
Charity Hospital of Louisiana a³ ⁴	New Orleans	L. J. Menville	Rad.	120,021	54,068	474	49	3	7/1	1-2	25.00
†Foundation Hospital¹	New Orleans	R. C. Boyer	Rad.	35,030			39	3	1/1	3	150.00
Southern Baptist Hospital a³	New Orleans	L. Bristow, Jr.	Rad.	587	4,954	125	34	3	7/1	1-3	150.00
Touro Infirmary a³	New Orleans	M. D. Teitelbaum	Roent.	12,264b	4,748b		54	1	7/1	1	17.50
Shreveport Charity Hospital a³ ⁴	Shreveport, La.		Rad.	8,950	8,699	80	45	2	7/1	1-2	60.00
†Baltimore City Hospital a¹ ⁴	Baltimore	S. H. Macht	Rad.	16,350	710	7	58	2	7/1	1	35.00
Johns Hopkins Hospital a³ ⁴	Baltimore	R. H. Morgan	Rad.	63,000	10,193	290	72	4		1-3	
†Sinai Hospital a¹	Baltimore	M. Ostro	Roent.	9,706	1,649		58	2	7/1	1-2	25.00
†Union Memorial Hospital a¹	Baltimore	G. L. Fiser	Rad.	7,121			34	1	7/1	1	None
University Hospital a³ ⁴	Baltimore	W. L. Kilby	Rad.	26,511	3,875	260	39	3	7/1	1-2	
Beth Israel Hospital a²	Boston	S. A. Robins	Rad.	8,240	2,029	5	55	3	4/1	1-2	41.66
Boston City Hospital a³ ⁴	Boston	M. Ritvo	Rad.	53,679	3,755	69	34	4		1	66.67
Children's Hospital a³ ⁴	Boston	E. B. D. Newhauser	Roent.	18,413	1,869		80	1		1	41.67
Joseph H. Pratt Diagnostic Hospital¹ ⁴	Boston	A. Ettinger	Roent.	6,475	1,882			1	7/1	1	100.00
Lahey Clinic²	Boston	H. F. Hare	Rad.					3	Varies	1-3	125.00
Massachusetts General Hospital a³	Boston	L. L. Robbins	Rad.	30,119b	13,311b	172b	62	3		1-2	
Massachusetts Memorial Hospitals a³ ⁴	Boston	G. Levene	Rad.	10,191	2,069	51	60	4	Varies	3	80.00
New England Deaconess Hospital²	Boston	J. Marks	Rad.	9,814	5,357	260	58	3		1-3	75.00
Peter Bent Brigham Hospital a³	Boston	M. C. Seaman	Rad.	38,546	3,045		68	3		1-2	
†St. Elizabeth Hospital a¹	Boston	A. M. Maloney	Roent.	4,817		12	53	1	6/1	1	75.00
†Mount Auburn Hospital a¹ ⁴	Cambridge, Mass.	R. Schatzki	D. R.	13,145			41	1	4/1	1	50.00
†Lawrence General Hospital a¹	Lawrence, Mass.	W. C. Miller	Rad.	10,922	4,348	61	62	1	7/1	1-2	
Newton-Wellesley Hospital a³ ⁴	Newton, Mass.	C. Liebman	Roent.	8,196	1,860		37	1		2	100.00
†Quincy City Hospital a¹	Quincy, Mass.	W. R. Altman	Roent.	7,784	848	12	50	1	7/1	1-2	100.00
Salem Hospital a²	Salem, Mass.	S. A. Wilson	Rad.	8,605	2,014	17	36	1		3	50.00
†Westfield State Sanatorium¹	Westfield, Mass.	J. J. Turner	Rad.	5,553	970	15	57	1	7/1	1-2	250.00
†Memorial Hospital a¹	Worcester, Mass.	W. J. Elliott	Rad.	20,432	3,360	39	54	1	7/1	1-2	100.00
St. Joseph Mercy Hospital a²	Ann Arbor, Mich.	S. W. Donaldson	Rad.	13,943	2,473	19	56	3		2-3	125.00
University Hospital a³ ⁴	Ann Arbor, Mich.	F. J. Hodges	Rad.	44,084	11,557	359	62	6	7/1	1-2	111.40
City of Detroit Receiving Hospital a³ ⁴	Detroit	I. D. Kaplan	Roent.	53,000			67	4	7/1	1	167.67
Grace Hospital a²	Detroit	F. A. Weiser	Rad.	12,532	6,688	17	63	3	7/1	1-2	75.00
Harper Hospital a³ ⁴	Detroit	L. Reynolds	Rad.	22,560	21,420	481	28	15	7/1	1	118.00
Henry Ford Hospital a³ ⁴	Detroit	H. P. Doub	Rad.	41,537	5,164	317	69	4	7/1	1-3	300.00
†Herman Kiefer Hospital¹ ⁴	Detroit	C. Rebello	Roent.	28,267	6,655		43	1		1	
Mount Carmel Mercy Hospital a²	Detroit	J. M. Grace	D. R.	11,682	1,732	21	34	1	7/1	1-2	100.00
Providence Hospital a²	Detroit	W. A. Irwin	Rad.	17,155	6,518	205	52	1	7/1	1-2	140.00
St. Mary's Hospital a²	Detroit	J. E. Lofstrom	Rad.	9,612	5,479	20	54	5	7/1	3	
†Wayne County General Hospital and Infirmary a¹	Eloise, Mich.	N. R. Shippey	Rad.	22,797	6,210	25	35	2		1	251.35
Hurley Hospital a²	Flint, Mich.	D. R. Limbach	Rad.	23,803	1,879	91	30	1	7/1	1	
†Butterworth Hospital a²	Grand Rapids, Mich.	R. J. McCandless	Rad.	8,811b	4,836b	62b	43	1	7/1	1-2	100.00
†Hackley Hospital a²	Muskegon, Mich.	L. E. Ward	Roent.	6,418b	4,306b	79b	22	1	7/1	1-2	110.00
St. Mary's Hospital a²	Duluth, Minn.	J. R. McNutt	Rad.	7,495	2,880	49	69	1	7/1	1	75.00
†Northwestern Hospital a²	Minneapolis	C. Hansen	Roent.	7,455	8,937		56	1	7/1	1-2	
†Swedish Hospital a²	Minneapolis	G. T. Nordin	Rad.	13,044	4,999	298	43	1		2-3	125.00
University Hospitals a³ ⁴	Minneapolis	L. G. Rigler	Rad.	27,609	10,589	705	62	1	7/1	1-3	115.00
Mayo Foundation³	Rochester, Minn.	B. R. Kirklin	Rad.	(See page 89)				15			
†St. Louis County Hospital a¹	Clayton, Mo.	E. W. Spinzig	Rad.	12,311			48	1	7/1	3	80.00
†Ellis Fischel State Cancer Hospital¹ ⁴	Columbia, Mo.	D. V. LeMone	Rad.	3,395	13,802		83	1	7/1	1-2	50.00
†Kansas City General Hospital No. 1 a²	Kansas City, Mo.	L. Scarpellino and S. Dann	Rad.	18,777	2,050	121	61	2	7/1	3	50.00
†Menorah Hospital a²	Kansas City, Mo.	D. S. Dann	Rad.	5,753	2,704	42	38	1		3	150.00
Research Hospital a³ ⁴	Kansas City, Mo.	I. H. Lockwood	Rad.	66,976	2,717	576	64	3	7/1	1-3	100.00
St. Joseph Hospital a²	Kansas City, Mo.	C. E. Virden	Rad.	9,625	5,590	225	57	1		1-3	100.00
†St. Luke's Hospital a²	Kansas City, Mo.	A. D. Scarpellino	Rad.	8,650	1,406	100	77	1		1-2	75.00
†St. Mary's Hospital a²	Kansas City, Mo.	E. R. Dewese	Rad.	4,324	252	27	62	2		1-2	
Barnes Hospital a³	St. Louis	S. Moore	Rad.	32,254	51,754	362	72	10	7/1	1-2	25.00
Homer G. Phillips Hospital a²	St. Louis	W. E. Allen, Jr.	Rad.	16,954	1,331	46	22	1	7/1	1	50.00
†Jewish Hospital a²	St. Louis	M. F. Liebenstein	Rad.	8,273b	4,086b	197b	42	2	7/1	1	
St. Louis City Hospital a² ⁴	St. Louis	D. C. Weir	Rad.	29,187	2,201	158	53	4	7/1	1	95.00
St. Luke's Hospital a²	St. Louis	O. C. Zink	Rad.	7,177	1,161	154	39	1		1	75.00
St. Mary's Group of Hospitals a²	St. Louis	L. Sante	Rad.	22,705	2,080	153	49	3	Varies	3	35.00
Creighton Memorial St. Joseph's Hosp. a² ⁴	Omaha	J. F. Kelly	Rad.	16,148	2,103	53	41	1		1-3	
†Nebraska Methodist Hospital a²	Omaha	H. B. Hunt	Rad.	7,202	2,723	56	93	1	6/1	1	100.00
University of Nebraska Hospital a²	Omaha	H. B. Hunt	Rad.	5,347	2,560	72	98	3	7/1	1-3	75.00
†St. Mary's Hospital¹	Reno, Nev.	M. J. Thorpe	Roent.	2,537	170	3	50	1		3	
Mary Hitchcock Memorial Hospital a²	Hanover, N. H.	K. Sycamore	Rad.	9,862	3,953	94	75	1		1	
†Atlantic City Hospital a¹	Atlantic City, N. J.	C. B. Kaighn	Rad.	8,105	1,045	39	35	1	7/1	1	
†Jersey City Hospital a¹	Jersey City, N. J.	H. J. Perlberg	Rad.	27,807	6,774	258	28	2	Varies	1-3	35.00
†Monmouth Memorial Hospital a¹	Long Branch, N. J.	N. G. Herrman	Rad.	11,466	6,473	40	44	2	9/1	3	125.00
Newark Beth Israel Hospital a²	Newark, N. J.	N. J. Furst	Rad.	8,270	4,309	1,500	36	2	7/1	1	100.00
†Newark City Hospital a¹	Newark, N. J.	P. J. Santora	Rad.	11,896	2,459	44	23	3		1	
†Orange Memorial Hospital a¹	Orange, N. J.	W. H. Seward	Rad.	11,654	6,403	57	33	1	7/1	1	125.00
†Newcomb Hospital¹	Vineland, N. J.	J. G. Cohen	D. R.	8,752b	515b		49	1		1	
†Albany Hospital a² ⁴	Albany, N. Y.	P. Howard	Roent.	21,312	4,084	319	42	2		1	
†Beth-El Hospital a² ⁴	Brooklyn	M. Dannenberg	Roent.	6,136	849	51	39	2	1/1, 7/1	1	100.00
†Brooklyn Cancer Hospital¹	Brooklyn	S. E. Westing	Rad.	6,804	9,775	365	25	4	Varies	1-2	100.00
Brooklyn Hospital a² ⁴	Brooklyn	J. Pepe	Rad.	24,250	2,171		41	2	7/1	1-2	
Jewish Hospital a² ⁴	Brooklyn	M. G. Wasch	Rad.	13,241	3,178	78	45	4	1/1	1+	30.00
Kings County Hospital a² (D.R.,² Ther. Rad.)	Brooklyn	B. Ehrenpreis	D. R. (Ther. Rad.	63,214	14,180	130	20	4	1/1, 7/1	1+	80.00
Long Island College Hospital a² ⁴	Brooklyn	A. L. L. Bell	Rad.	17,803	3,035	107	38	3	7/1	3	25.00
Maimonides Hospital a	Brooklyn	I. A. Held	Roent.	3,128	555	31	20	1	7/1	1	100.00
†Beth Moses Division a¹ ⁴	Brooklyn	G. W. Cramp	Rad.	9,096	1,512	74	60	2	7/1	2	25.00
Methodist Hospital a² ⁴	Buffalo	E. G. Eschner	Rad.	28,698	2,834	21	46	6	7/1	3	100.00
†Clifton Springs Sanit. and Clinic¹	Clifton Springs, N. Y.	G. K. Schwarz	D. R.	3,320	322	180	65	1	Varies	1-3	50.00
Meadowbrook Hospital a²	Hempstead, N. Y.	G. L. Carr	Rad.	8,944	3,077	15	70	2	7/1	1	115.00
Queens General Hospital a³ ⁴	Jamaica, N. Y.	I. S. Starin	Rad.	37,922	7,150	57	45	4	7/1	3	70.00

Numerical and other references will be found on page 89

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24. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training[a]	Roentgen-ological Examinations	X-Ray Treatments	Radium Treatments	Autopsy Percentage	Asst. Res. and Assistantships Offered[c]	Beginning of Service (1940)	Length of Service (Months or Years)	Beginning Stipend (Month)
†Charles S. Wilson Memorial Hospital a[1]	Johnson City, N. Y.	E. M. Jones	Roent.	14,939	1,761	161	35	1	7/1	1	$150.00
†‡Mount Vernon Hospital a[1]	Mount Vernon, N. Y.	W. H. Shehadi	Rad.	6,926	1,543	16	32	1	7/1	1-3	.....
Bellevue Hospital, Div. III— N. Y. Univ. a[1-4]	New York City	I. I. Kaplan	Ther. Rad.	.....	.....	.....	..	5	Varies	1	45.00
Bellevue Hospital, Div. IV— Open Div. a[1-4]	New York City	L. J. Friedman	D. R.	176,888[b]	.....	.....	..	5	1/1, 7/1	1½	45.00
Beth Israel Hospital a[1-4]	New York City	A. J. Bendick	Rad.	8,691	2,848	24	43	2	7/1	1	50.00
Bronx Hospital a[2-4]	New York City	W. Snow	Rad.	9,089	1,365	40	27	2	7/1	1-3	75.00
†Doctors Hospital[1]	New York City	H. E. Illick	Roent.	7,129	126	....	49	1	7/1	1+	200.00
Flower and Fifth Avenue Hospitals a[2-4]	New York City	F. J. Borelli	Rad.	301,927	2,780	260	31	2	6/1	....	.....
French Hospital a[2-4]	New York City	E. Claiborne	Rad.	12,955	2,098	....	42	1	2/1	1-2	100.00
Goldwater Memorial Hospital a[2-4]	New York City	H. K. Taylor	Roent.	10,662	332	....	50	5	.....	1-3	120.00
Hospital for Joint Diseases a[2-4]	New York City	M. M. Pomeranz	Rad.	23,550	2,025	16	47	1	.....	1	40.00
Lenox Hill Hospital a[2-4]	New York City	F. H. Chiselin	Roent.	18,263	2,991	16	47	2	Varies	1-3	50.00
Lincoln Hospital a[1-4]	New York City	E. Kraft	Rad.	27,992	693	....	29	2	.....	1-3	60.00
Memorial Hospital[1-4]	New York City	R. E. Harendeen	D. R.	25,184	52,093	1,740	51	2	.....	1	.....
Metropolitan Hospital a[2-4]	New York City	T. B. Weinberg	Rad.	20,052	.....	....	25	2	7/1	1	120.00
Montefiore Hosp. for Chronic Diseases a[2-4]	New York City	S. Fineman	Rad.	22,072	6,881	47	50	2	1/1, 7/1	1	50.00
Morrisania City Hospital a[2-4]	New York City	S. F. Weitzner	Rad.	19,982	2,402	26	23	2	.....	1-2	.....
Mount Sinai Hospital a[1-4]	New York City	M. L. Sussman	Rad.	33,791	8,813	76	59	5	1/1, 7/1	1-3	.....
New York City Hospital a[1-4]	New York City	C. Gottlieb	D. R.	21,820	210	....	47	3	7/1	1	120.00
New York Hospital a[2-4]	New York City	B. Temple	Rad.	76,244	8,426	240	66	5	7/1	1-4	25.00
New York Polyclinic Medical School and Hospital a[2]	New York City	E. E. Smith	Rad.	9,507	2,404	36	27	2	7/1	2	25.00
New York Post-Graduate Medical School and Hospital a[2]	New York City	W. H. Meyer	Rad.	14,192	3,166	765	39	3	1/1, 7/1	1-2	30.00
Presbyterian Hospital a[2-4]	New York City	R. Golden	Rad.	82,137	17,901	373	66	12	.....	3	41.66
Roosevelt Hospital a[2-4]	New York City	W. H. Bosnie	Rad.	22,518	2,463	....	36	3	7/1	1-3	70.00
St. Luke's Hospital a[2]	New York City	E. J. Ryan	Rad.	24,167	4,338	91	41	2	Varies	1-3	50.00
†St. Vincent's Hospital a[1]	New York City	W. Mayer and C. Odell	Rad.	24,206	4,175	136	46	2	7/1	1-3	50.00
Sydenham Hospital a[1]	New York City	A. S. Unger	Roent.	6,460	364	18	36	2	7/1	1	75.00
Genesee Hospital a[1]	Rochester, N. Y.	S. Larson	Roent.	11,352	1,240	20	59	1	7/1	1	41.66
Rochester General Hospital a[2-4]	Rochester, N. Y.	L. R. Longeman	Rad.	21,757	3,936	14	75	2	7/1	1-3	70.00
†St. Mary's Hospital a[1]	Rochester, N. Y.	A. V. Winchell	Rad.	6,879	784	12	52	1	7/1	1-3	125.00
Strong Memorial—Rochester Municipal Hospital a[1]	Rochester, N. Y.	G. H. Ramsey	Rad.	23,463	7,022	280	72	8	.....	1-4	83.33
Ellis Hospital a[1-4]	Schenectady, N. Y.	K. L. Mitton	Roent.	11,038	1,475	....	27	1	7/1	1-3	100.00
Sea View Hospital[1-4]	Staten Island, N. Y.	S. Shapiro	D. R.	15,424	.....	....	15	2	1/1, 7/1	1	120.00
†Crouse-Irving Hospital a[1]	Syracuse, N. Y.	C. F. Potter	Roent.	5,350	566	....	27	1	1/1	1-3	50.00
Gramlands Hospital a[2-4]	Valhalla, N. Y.	A. B. Debbie	Rad.	13,636	4,493	61	58	2	7/1	1-3	75.00
Charlotte Memorial Hospital a[1-4]	Charlotte, N. C.	A. Tuggle	Rad.	14,681	1,792	124	50	1	9/1	1-3	75.00
Duke Hospital a[2-4]	Durham, N. C.	E. P. Lincoln	Rad.	41,305	10,074	246	59	7	7/1	1	.....
Watts Hospital a[2]	Durham, N. C.	W. W. Vaughan	Rad.	20,709	8,975	135	41	2	7/1	1-2	50.00
†City Hospital a[1]	Winston-Salem, N. C.	G. C. Cook	Roent.	4,296	1,739	31	34	1	7/1	1-3	50.00
North Carolina Baptist Hospital a[2-4]	Winston-Salem, N. C.	J. P. Rousseau	Rad.	18,235	7,466	59	56	3	.....	1-3	.....
†Bismarck Hospital[1]	Bismarck, N. D.	H. M. Berg	Rad.	15,500	2,904	31	44	....	Varies	3	115.00
City Hospital a[2]	Akron, Ohio	F. T. Moore	Rad.	21,408	8,713	84	47	2	7/1	1-3	100.00
†Peoples Hospital a[1]	Akron, Ohio	R. T. Allison	Rad.	8,305	5,348	45	36	1	7/1	1-3	100.00
†Mercy Hospital a[1]	Canton, Ohio	G. D. Popoff	Rad.	5,746	3,036	46	32	11	.....	1-3	100.00
Cincinnati General Hospital a[1]	Cincinnati	H. G. Reinke and B. Felson	Rad.	18,243	7,417	60	47	7	7/1	1-4	.....
Jewish Hospital a[2]	Cincinnati	S. Brown	Rad.	1,948	2,056	74	52	1	7/1	1-2	75.00
City Hospital a[2-4]	Cleveland	H. Hauser	Rad.	23,224	7,228	....	54	4	.....	1-3	.....
Cleveland Clinic Foundation Hospital[2-4]	Cleveland	C. R. Hughes	Rad.	74,656	8,572	256	46	7	7/1	1	100.00
†Lutheran Hospital a[1-4]	Cleveland	J. A. Grob	Rad.	8,941	2,371	8	44	1	7/1	1	.....
†Mount Sinai Hospital a[1-4]	Cleveland	H. A. Mahrer	Rad.	9,245	2,454	32	45	1	7/1	1	100.00
†St. Alexis Hospital a[1]	Cleveland	E. P. McNamee	Rad.	9,142	.....	20	35	1	.....	1	75.00
St. Luke's Hospital a[2]	Cleveland	D. D. Brannan	Rad.	17,791	3,516	141	49	3	6/25	1	60.00
St. Vincent's Charity Hospital a[2]	Cleveland	J. R. Andrews	Rad.	17,889	1,534	114	41	2	.....	1-3	.....
University Hospital a[2-4]	Cleveland	H. L. Friedell	Rad.	27,072	5,630	464	75	4	7/1	1	25.00
Starling-Loving University Hospital a[2-4]	Columbus, Ohio	H. G. Means	Rad.	17,689	3,153	43	69	3	7/1	1-3	50.00
†Miami Valley Hospital a[1]	Dayton, Ohio	G. Nicol	Rad.	8,042[b]	1,019[b]	31[b]	42	1	7/1	1-3	.....
†St. Vincent's Hospital a[1-4]	Toledo, Ohio	C. E. Hufford	Rad.	8,358	.....	....	48	1	7/1	1-3	100.00
†Youngstown Hospital a[1]	Youngstown, Ohio	J. Heberding and E. C. Baker	Rad.	16,466	9,904	42	44	1	7/1	1-3	100.00
University Hospital a[2]	Oklahoma City	J. E. Heatley	Rad.	15,712	11,617	104	43	3	7/1	1-2	35.00
Good Samaritan Hospital a[2]	Portland, Ore.	G. B. Strahan	Rad.	9,160	1,490	35	50	1	7/1	1-3	75.00
†Providence Hospital a[1]	Portland, Ore.	S. E. Rees	Roent.	8,662	1,385	....	49	2	7/1	1-3	75.00
St. Vincent's Hospital[1]	Portland, Ore.	S. E. Rees	Rad.	.....	.....	....	40	1	.....	1	.....
University of Oregon Medical School Hospital a[2-4]	Portland, Ore.	W. Y. Burton	Rad.	25,734	4,740	24	63	3	7/1	3	75.00
Abington Memorial Hospital a[2]	Abington, Pa.	J. D. Zulick	Rad.	14,416	2,675	83	53	1	7/1	3	50.00
Bryn Mawr Hospital a[2]	Bryn Mawr, Pa.	R. S. Bromer	Rad.	14,602	4,087	131	53	2	1/1, 7/1	1	75.00
Geo. F. Geisinger Memorial Hospital a[2]	Danville, Pa.	C. L. Hinkel	Rad.	10,543	1,847	48	54	3	.....	1-3	75.00
†Conemaugh Valley Memorial Hospital a[1]	Johnstown, Pa.	C. Cohern	Roent.	7,755	12,329	25	11	1	9/1	1	150.00
†American Oncologic Hospital[1-4]	Philadelphia	W. Newcomet	Ther. Rad.	1,686	7,925	389	55	1	.....	1	.....
Episcopal Hospital a[2-4]	Philadelphia	D. A. Sampson	Rad.	11,777	2,457	29	32	1	.....	1-2	50.00
†Frankford Hospital a[2]	Philadelphia	F. F. Borzell	Rad.	19,608	516	22	56	1	.....	1-2	.....
†Germantown Dispensary and Hospital a[1]	Philadelphia	T. P. Loughery	Rad.	16,361	1,390	50	51	1	7/1	1-2	50.00
Graduate Hospital of the Univ. of Penn. a[2]	Philadelphia	A. Finkelstein	Rad.	15,233	5,495	142	42	7	7/1	1-2	25.00
Hahnemann Hospital a[2-4]	Philadelphia	J. W. Frank and N. V. Ludwick	Rad.	.....	.....	....	61	2	.....	1-3	50.00
Hospital of the University of Penn. a[2-4]	Philadelphia	E. P. Pendergrass	Rad.	90,131	111,925	105	79	12	7/1	4-7	.....
Jeanes Hospital[2-4]	Philadelphia	E. L. Lame	Ther. Rad.	2,279	2,195	40	50	1	6/1	1-3	75.00
Jefferson Medical College Hospital a[2]	Philadelphia	P. C. Swenson	Rad.	31,179	9,952	774	59	11	.....	1-3	.....
Jewish Hospital a[2]	Philadelphia	L. Soln-Cohen	Rad.	13,571	4,426	50	60	2	7/1	1-3	50.00
Lankenau Hospital a[2]	Philadelphia	T. Leucutia, Jr.	Rad.	11,366	2,762	72	53	3	7/1	1-3	50.00
Mount Sinai Hospital a[2-4]	Philadelphia	G. Rosenbaum and L. Edelkin	Rad.	8,632	660	100	72	1	7/1	1-2	50.00
†Nazareth Hospital a[1]	Philadelphia	J. S. Fetter	Roent.	6,637	3,122	14	26	1	7/1	1-2	100.00
Pennsylvania Hospital a[2]	Philadelphia	J. Hall	Rad.	14,452	1,982	156	59	2	1/1, 10/1	1-3	30.00
Philadelphia General Hospital a[2-4]	Philadelphia	B. P. Widmann	Rad.	26,337	15,831	118	58	6	.....	1-3	.....
Presbyterian Hospital a[2-4]	Philadelphia	E. L. Lame	Rad.	9,076	4,924	78	57	2	.....	3	50.00
Temple University Hospital a[2-4]	Philadelphia	E. Chamberlain	Rad.	28,488	6,294	71	49	2	7/1	3	50.00
Mercy Hospital a[2-4]	Pittsburgh	A. L. McCullough	Rad.	22,869	2,677	150	34	1	9/1	1-3	100.00
Montefiore Hospital a[2]	Pittsburgh	M. F. Goldsmith	Rad.	9,963	2,464	....	41	2	7/1	3	50.00
†St. Francis Hospital a[1]	Pittsburgh	L. H. Osmond	Rad.	37,080	1,074	48	21	1	.....	1-3	100.00
University of Pittsburgh Medical Center[1]	Pittsburgh	S. G. Henderson	Rad.	7,641	2,623	67	20	2	7/1	1-3	41.67

Numerical and other references will be found on page 89.

24. RADIOLOGY—Continued

Name of Hospital	Location	Chief of Service	Type of Training[1]	Roentgenographic Examinations	X-Ray Treatments	Radium Treatments	Autopsy Percentage	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend ($/Month)
Western Pennsylvania Hospital[a,3]	Pittsburgh	R. G. Alley and E. J. Euphrat	Rad.	12,714	7,089	170	19	1		1-3	$100.00
†Reading Hospital[c,4]	Reading, Pa.	G. W. Chamberlin	Rad.	3,047	8,380	10	57	2		1-3	50.00
Robert Packer Hospital[a]	Sayre, Pa.	S. P. Perry	Rad.	12,997	242	56	49	1	7/1	1-3	150.00
†Chester County Hospital[a]	West Chester, Pa.	H. Y. Pennell	Roent.	10,043[b]	1,840[b]	53[b]		1		1	
†Columbia Hospital[a]	Wilkinsburg, Pa.	W. J. McGregor	Roent.	10,258	2,289		20	1		1	
†Rhode Island Hospital[a]	Providence, R. I.	L. A. Martineau	Rad.	21,330	3,223	117	61	2		1-2	50.00
Roper Hospital[a]	Charleston, S. C.	H. Rudisill, Jr.	Rad.	11,932	3,014	72	41	4	7/1	1-4	25.00
†Columbia Hospital[a]	Columbia, S. C.	J. R. Hall	Roent.	6,422	1,488		31	1	7/1	1	100.00
Baptist Memorial Hospital[a]	Memphis, Tenn.	J. E. Whitelaw	Rad.	14,723	3,021	252	19	2	7/1	1-2	75.00
John Gaston Hospital[a]	Memphis, Tenn.	D. Carroll	Rad.	22,317	2,973	62	63	2	7/1	1	
Methodist Hospital[a]	Memphis, Tenn.	J. C. King	Rad.	13,081	5,393		44	3		3	75.00
†Geo. W. Hubbard Hospital of Meharry Medical College[a]	Nashville, Tenn.	L. D. Scott	Rad.	4,023	1,285	22	29	1	7/1	1	75.00
Vanderbilt University Hospital[a,4]	Nashville, Tenn.	C. C. McClure	Rad.	16,822	3,476		59	3	7/1	1	
Baylor University Hospital[a,4]	Dallas, Texas	F. M. Windrow	Rad.	10,891	3,976	39	30	1	7/1	1	50.00
†Methodist Hospital[a]	Dallas, Texas	M. L. Mazey	D. R.	6,602	687	18	23	1	7/1	1	
Parkland Hospital[a,4]	Dallas, Texas	J. E. Miller	Rad.	11,111	2,918	59	56	2		1-3	
John Sealy Hospital (Univ. of Texas Medical Branch)[a,4]	Galveston, Texas	M. Schneider	Roent.	24,099	2,772		53	5		1-3	50.00
†Methodist Hospital[a,4]	Houston, Texas	C. H. Burge	Roent.	9,208	1,873	18	48	1	1/1	1-3	75.00
†St. Joseph's Infirmary[a]	Houston, Texas	P. E. Rigby	Rad.	17,537	4,003	80	35	1		1	
†Santa Rosa Hospital[a]	San Antonio, Texas	M. Davis	D. R.	9,829	986	1	28	1	7/1	1-3	
Scott and White Hospital[a]	Temple, Texas	C. A. Stevens, Jr.	Rad.	42,268	6,747	346	49	3		1-3	150.00
†Wichita Falls Clinic-Hospital[a]	Wichita Falls, Texas	C. D. Wilson	Rad.	12,791	2,088	21	66	1	Varies	1-2	250.00
†Salt Lake County General Hospital[a,4]	Salt Lake City	H. H. Rowley	D. R.	6,110	2,556		55	4	7/1	1-2	50.00
Mary Fletcher Hospital[a,4]	Burlington, Vt.	O. S. Peterson, Jr., and A. B. Soule, Jr.	Rad.	8,746	4,660	246	58	4	1/1	1	100.00
University of Virginia Hospital[a,4]	Charlottesville, Va.	V. W. Archer	Rad.	25,331	6,627	90	68	6	7/1	1-3	
†De Paul Hospital[a,4]	Norfolk, Va.	W. Whitmore	Roent.	5,317	1,886	91	53	1	7/1	1-2	150.00
†Norfolk General Hospital[a]	Norfolk, Va.	F. B. Parsons	Rad.	18,340	5,513	28	35	1	7/1	1-2	100.00
Medical College of Virginia, Hosp. Div.[a,4]	Richmond, Va.	F. B. Mandeville	Rad.	20,470	6,054	158	43	5	7/1	1	60.50
†Swedish Hospital (Tumor Clinic)[a]	Seattle, Wash.	N. Cantril and T. Blake	Ther. Rad.		6,013	144	45	2	7/1	1	100.00
Virginia Mason Hospital[a,2]	Seattle, Wash.	T. B. Carlile	Rad.	18,608	3,346	85	70	1		1	75.00
†Sacred Heart Hospital[a]	Spokane, Wash.	M. Harris	Rad.	5,135[b]	1,770[b]	60[b]	12	1	Varies	1-2	125.00
State of Wisconsin General Hospital[a,2,4]	Madison, Wis.	E. A. Pohle	Rad.	22,742	9,203	216	84	6		1	75.00
Columbia Hospital[a]	Milwaukee	S. A. Morton	Rad.	7,057	2,300	50	50	1	7/1	1	50.00
†Milwaukee County Hospital[a,4]	Milwaukee	J. L. Marks	D. R.	18,100	1,400	17	29	3	Varies	1-3	62.50
†Milwaukee Hospital[a]	Milwaukee	H. Heike	Rad.	15,503	1,842	86	35	1	7/1	1-3	75.00
†Queen's Hospital[a]	Honolulu, Hawaii	L. L. Bunnell	Rad.	6,822	1,480	19	61	1	4/1	1	100.00

25. SURGERY

The following services are approved by the Council and the American Board of Surgery. This approval extends to July 1, 1950. In the meantime these services will be reviewed in collaboration with the American Board of Surgery to determine whether approval will be continued beyond that date and to determine the number of years of training in individual approved hospitals that will be accepted as preparation for examination by the American Board of Surgery.

Hospitals, 544; Assistant Residencies and Residencies, 2,977

Name of Hospital	Location	Chief of Service	Resident's Treatment	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend ($/Month)
United States Army										
Letterman General Hospital[a]	San Francisco	L. D. Heaton	1,446	1,875	33	17	4	1/1	1-2	=
Fitzsimons General Hospital[a]	Denver	J. H. Forse	1,238	1,778	24	47	4	1/1	1-2	=
Walter Reed General Hospital[a]	Washington, D.C.	F. E. Hamilton		2,833	37	18	6	1/1	1-2	=
Oliver General Hospital[a]	Augusta, Ga.	E. C. Lowry	1,980	644	4	4	6	1/1	1-2	=
Brooke General Hospital[a]	San Antonio, Texas	S. F. Seeley	2,947	6,039	31	39	9	1/1	1-2	=
Madigan General Hospital[a]	Fort Lewis, Wash.	C. S. Lyter	6,774	1,530	29	22	7	1/1	1	=
Gorgas Hospital[a]	Ancon, C.Z.	J. R. Shaeffer	2,308	12,380	53	60	6	1/1	1-2	=
United States Navy										
U. S. Naval Hospital[a]	Long Beach, Calif.	L. L. Bean	3,450	6,930	32	31	4	Varies	3	=
U. S. Naval Hospital[a]	Oakland, Calif.		4,329		33	44	7		1	=
U. S. Naval Hospital[a]	San Diego	H. A. Gross	2,910	4,905	27	14	6	Varies	1	=
U. S. Naval Hospital[a]	Jacksonville, Fla.						1	7/1	1	=
U. S. Naval Hospital[a]	Pensacola, Fla.						1		1	=
U. S. Naval Hospital[a]	Great Lakes, Ill.	G. A. Gray	2,795	1,616	7	7	3	Varies	1	=
U. S. Naval Hospital[a]	Annapolis, Md.	P. K. Perkins	1,227	1,547	1	1	2	Varies	1	=
U. S. Naval Hospital[a]	Bethesda, Md.	L. G. Bell	3,111	3,930	58	43	7	Varies	1-2	=
U. S. Naval Hospital[a]	Chelsea, Mass.						2		1	=
U. S. Naval Hospital[a]	Brooklyn	E. R. Kerk	3,733	2,558	40	38	1		1	=
U. S. Naval Hospital[a]	St. Albans, N.Y.	F. H. Johnson			32	9	1	10/1	1-4	=
U. S. Naval Hospital[a]	Philadelphia	T. G. Hays	4,930	7,917	35	12	4		1	=
U. S. Naval Hospital[a]	Newport, R.I.						2		1	=
U. S. Naval Hospital[a]	Portsmouth, Va.						2		1	=
United States Public Health Service										
U. S. Marine Hospital[a]	San Francisco	S. P. Cooper		16,518	27	7	6	7/1	1-4	=
U. S. Marine Hospital[a]	Chicago	R. W. Flynn					1		1	=
U. S. Marine Hospital[a]	New Orleans	O. C. Williams	2,217	6,884	34	18	5	1/1, 7/1	1-2	=
U. S. Marine Hospital[a]	Baltimore	J. D. Lane, Jr.	2,502	4,778	7	6	3	7/1	1	=
U. S. Marine Hospital[a]	Boston	R. L. Wrenn	1,261	6,868	15	6	4	7/1	1	=
U. S. Marine Hospital[a]	Detroit	M. B. Noyes	1,519		32	13	4	7/1	1	=
U. S. Marine Hospital[a]	Stapleton, S.I., N.Y.	H. L. Rinaker	2,815	13,179	40	22	12	7/1	1-2	=
U. S. Marine Hospital[a]	Cleveland	M. E. Myers	1,383	3,280	3	3	2	7/1	1	=
U. S. Marine Hospital[a]	Seattle	T. B. McGowan	2,010	1,817	25	14	6	7/1	1-2	=
Veterans Administration										
†Veterans Admin. Hospital	Los Angeles	C. H. McIntyre	1,910	631	19	8	2		1	$275.00
†Veterans Admin. Hospital	San Francisco	H. L. Bivins	1,033	2,525	9	6	3	7/1	1-3	275.00
†Veterans Admin. Hospital	Van Nuys, Calif.	J. A. Weinberg	1,230	4,490	17	16	12	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Fort Logan, Colo.	F. M. Ireland					7		1-3	275.00
†Veterans Admin. Hospital	Newington, Conn.	A. Hurwitz	2,378		12	8	9	7/1	1-3	275.00
†Veterans Admin. Hospital	Washington, D.C.	V. M. Irvine	405	10,668	11	9	7	Varies	1-3	275.00

Numerical and other references will be found on page 89

25. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1940)	Length of Service Offered (Years)	Beginning Salary (Monthly)
Veterans Admin. Hospital	Coral Gables, Fla		1,488	1,173	14	14	6	1/1, 7/1	1-3	$275.00
†Veterans Admin. Hospital	Chamblee, Ga	M. H. Harris	305		70	4	5	7/1	1-3	275.00
†Veterans Admin. Hospital	Hines, Ill	C. B. Puestow	4,121		81	49	42		1-2	275.00
†Veterans Admin. Hospital	Indianapolis	H. L. Egbert	1,912	624	60	30	8	1/1, 7/1	1-3	275.00
†Veterans Admin. Hospital	Des Moines, Iowa	L. T. Palumbo	3,000		48	27	16	7/1	2-3	275.00
†Veterans Admin. Hospital	Topeka, Kansas	C. J. Hufnagel					3		1	275.00
†Veterans Admin. Hospital	Wadsworth, Kan	W. I. Hinkle	2,400		36	32	14	Varies	1-3	275.00
†Veterans Admin. Hospital	Louisville, Ky	J. Hamilton	1,591	140	26	17	18	7/1	1-3	275.00
†Veterans Admin. Hospital	New Orleans	U. Mass	854	400	19	15	9	7/1	1-3	275.00
†Veterans Admin. Hospital	Fort Howard, Md	J. M. Miller	509		17	9	5	Varies	1-3	275.00
†Veterans Admin. Hospital	Boston	R. Warren	2,463	4,009	33	28	14	6/1	1-3	275.00
†Veterans Admin. Hospital	Framingham, Mass	H. H. Fason	978		9	7	14	7/1	1-3	275.00
†Veterans Admin. Hospital	Dearborn, Mich	G. S. Bates	2,210	3,142	43	24	9	7/1	2-3	275.00
†Veterans Admin. Hospital	Minneapolis	L. J. Hay	1,669		24	11	19		1	275.00
†Veterans Admin. Hospital	Jefferson Barracks, Mo	W. F. Rose	2,142		31		16	7/1	1-3	275.00
†Veterans Admin. Hospital	Batavia, N.Y	W. S. Walls	1,432	108	33	20	8	7/1	1-3	275.00
†Veterans Admin. Hospital	New York City	P. Sauer	2,361	5,588	51	32	18	1/1, 7/1	2-4	275.00
†Veterans Admin. Hospital	Staten Island, N.Y	R. B. Moreland	2,000		47	16	12	7/1	1-4	275.00
†Veterans Admin. Hospital	Cleveland	P. F. Partington	2,518		58	33	17	7/1	1-3	275.00
†Veterans Admin. Hospital	Dayton, Ohio	C. C. Burton	1,050	4,828	53	21	18	Varies	1-3	275.00
†Veterans Admin. Hospital	Oklahoma City	F. A. Quenzer		650	17	10	5	7/1	1-3	275.00
†Veterans Admin. Hospital	Portland, Oregon	R. A. Wise	2,981		109	81	9	7/1	1-3	275.00
†Veterans Admin. Hospital	Aspinwall, Pa	W. W. Fellowa	2,562	80	36	30	9	7/1	1-3	275.00
†Veterans Admin. Hospital	Columbia, S.C	K. M. Lippert	1,633		54	14	5	1/1	1-3	275.00
†Veterans Admin. Hospital	Memphis, Tenn	R. F. Bowers	1,916	82	55	42	19	7/1	1-3	275.00
†Veterans Admin. Hospital	Nashville, Tenn	G. S. Johnson					10	7/1	1-3	275.00
†Veterans Admin. Hospital	Dallas, Texas	L. J. Kleinsasser	2,602		24	14	18	7/1	1	275.00
†Veterans Admin. Hospital	McKinney, Texas	J. P. North					10	7/1	1-3	275.00
†Veterans Admin. Hospital	Salt Lake City	J. A. Gubler	1,742	532	17	17	2	1/1, 7/1	1	275.00
†Veterans Admin. Hospital	White River Jct., Vt	C. Cooper	1,708		10	9	8	7/1	1-2	275.00
†Veterans Admin. Hospital	Richmond, Va	R. F. MacDonald	1,420	240	18	12	12	Varies	1-3	275.00
†Veterans Admin. Hospital	Milwaukee	F. Raine	1,303	410	24	20	12	7/1	1-3	275.00
Non-Federal										
Jefferson-Hillman Hospital ✪¹	Birmingham, Ala	J. M. Mason	3,028	12,624	119	39	7	7/1	1-3	50.00
Norwood Hospital ✪	Birmingham, Ala	C. N. Carraway	2,276	13,200	15	7	3	7/1	3	100.00
Employees' Hospital of the Tennessee Coal, Iron and Railroad Company ✪	Fairfield, Ala	L. Noland and R. A. Hamrick	1,313	12,240	30	7	3	7/1	1-3	200.00
St. Joseph's Hospital ✪	Phoenix, Ariz	J. M. Greer	3,360		54	20	1		1-2	
†St. Monica's Hospital ✪	Phoenix, Ariz	T. Bate	638		19	6	1	9/1	1	150.00
†St. Mary's Hospital and Sanitarium	Tucson, Ariz	R. W. Rudolph	725		18	4	3	7/1	1	150.00
Baptist State Hospital ✪	Little Rock, Ark	R. M. Eubanks	1,605		48	19	2	1/1	1	125.00
†St. Vincent's Infirmary ✪	Little Rock, Ark	H. G. Holzenberg	2,075		43	17	1		1	
†University Hospital ✪¹	Little Rock, Ark	G. O. Dean	688	3,224	39	19	6	7/1		50.00
Herrick Memorial Hospital ✪	Berkeley, Calif	S. H. Babington	3,011	557	49	20	2	7/1	1-3	110.00
San Joaquin General Hospital ✪	French Camp, Calif	W. Brock	3,973	8,073	224	118	4	7/1	1-3	220.00
General Hospital of Fresno County ✪	Fresno, Calif	C. M. Vanderburgh	805	3,657	48	14	4	7/1	1-2	150.00
Seaside Memorial Hospital ✪¹	Long Beach, Calif	C. A. Lauer	1,686		23	8	2	7/1	1	100.00
California Hospital ✪¹	Los Angeles	W. H. BrownBeld	2,872	293	40	24	4	7/1	1	100.00
Cedars of Lebanon Hospital ✪¹	Los Angeles	L. Pugh	3,753	23,376	113	47	2	7/1	1	50.00
Hospital of the Good Samaritan ✪¹	Los Angeles	G. L. Chaffee	7,070	3,851	101	35	3	7/1	3	200.00
Los Angeles County Hospital ✪¹	Los Angeles	L. R. Sherry	3,891	8,817	287	105	7	Varies	3	165.00
Queen of Angels Hospital ✪	Los Angeles	W. J. Sullivan	2,914			52	2	7/1	3	
St. Vincent's Hospital	Los Angeles	F. Brodin	4,005		98	19	3	7/1	1	
Santa Fe Coast Lines Hospital ✪	Los Angeles		930		21	10	2	7/1	1-3	195.00
White Memorial Hospital ✪	Los Angeles	G. Thomson	2,431	9,906	30	19	3		1-3	147.33
Highland-Alameda County Hospital ✪¹	Oakland, Calif	W. W. Crane and R. Everingham	882		48	20	3		1-3	130.00
Peralta Hospital¹	Oakland, Calif	P. C. Samson	2,586		17	11	3	7/1	1	125.00
Permanente Foundation Hospital ✪¹	Oakland, Calif	C. C. Cutting	1,524	13,164	19	18	1	6/1	1-3	125.00
Samuel Merritt Hospital	Oakland, Calif	W. E. Mitchell	1,516		13	10	2	7/1	1-3	110.00
Collis P. and Howard Huntington Memorial Hospital ✪	Pasadena, Calif	A. C. Pattison	1,095	1,328	16	9	2	1/1, 7/1	1-2	83.00
San Bernardino County Charity Hospital ✪	San Bernardino, Calif	C. J. Clock	505	4,888	73	39	2	1/1	1-2	170.00
San Diego County General Hospital ✪	San Diego	H. G. Holder	1,109	2,611	78	28	3	7/1	1	187.50
Children's Hospital ✪¹	San Francisco	A. K. Kilgore	546		8	5	1	7/1	1	50.00
Franklin Hospital ✪¹	San Francisco	T. E. Mullen	1,817		12	8	1	7/1	1	100.00
French Hospital ✪¹	San Francisco	W. L. Rogers	1,007		7	4	1		1	
Mary's Help Hospital ✪¹	San Francisco	E. Carlson	2,894	12,506	42	17	1	7/1	1	150.00
Mount Zion Hospital ✪¹	San Francisco	F. I. Harris	1,056	1,112	35	27	8	7/1	1	50.00
St. Luke's Hospital ✪¹	San Francisco	G. D. Delprat	4,457	1,136	48	14	3	7/1	1-2	100.00
St. Mary's Hospital ✪	San Francisco	E. Butler					3	4/1	1	100.00
San Francisco Hospital ✪¹	San Francisco	H. Brunn	1,762		65	28	11		1	175.00
Southern Pacific General Hospital ✪	San Francisco	W. W. Washburn					4		1-2	
Stanford University Hospital ✪¹	San Francisco	F. W. Holman	2,094	9,804	64	39	9	7/1	1-2	50.00
University of California Hospital ✪¹	San Francisco	H. G. Bell	1,514	10,328	47	28	9	Varies	1	50.00
Santa Clara County Hospital ✪	San Jose, Calif	J. C. Wilson					3	Varies	1	235.00
Santa Barbara Cottage Hospital ✪¹	Santa Barbara, Calif	I. Wills	933		15	14	3	Varies	1	100.00
Childrens Hospital	Denver	G. Packard	814	696	12	11	3	7/1	1	50.00
Colorado General Hospital ✪	Denver						(See University of Colorado Medical Center)			
Denver General Hospital ✪	Denver						(See University of Colorado Medical Center)			
St. Luke's Hospital ✪	Denver	C. W. Metz	2,045		51	26	2	7/1	1-2	50.00
University of Colorado Medical Center Colorado General Hospital ✪	Denver	J. M. Foster, Jr.	509	4,721	47	40	5	1/1, 7/1	2-4	75.00
†Denver General Hospital ✪¹	Denver	J. M. Foster, Jr.	4,457	6,423	263	123	5	7/1	2-4	50.00
Corwin Hospital ✪	Pueblo, Colo		1,322	10,334	32	11	1	7/1	1	75.00
Bridgeport Hospital	Bridgeport, Conn						1		1	
Hartford Hospital ✪¹	Hartford, Conn		4,236		95	59	8	7/1	1-3	
St. Francis Hospital ✪	Hartford, Conn	B. B. Landry	3,506		79	36	3		3	
†New Britain General Hospital ✪¹	New Britain, Conn	B. B. Clark	1,672		71	21	3	7/1	1-3	75.00
Grace-New Haven Community Hospital Grace Unit ✪	New Haven, Conn	R. W. Nichols	1,426		34	11	3	7/1	3	40.00
New Haven Unit (University Service) ✪¹	New Haven, Conn	G. Lindskog	2,251	10,096	72	44	6	7/1	1	40.00
Hospital of St. Raphael ✪	New Haven, Conn	W. F. Verdi	2,762	173	93	30	2	7/1	1	75.00
Lawrence and Memorial Associated Hospitals ✪¹	New London, Conn	F. B. Hartman	1,054		34	14	1	7/1	1	150.00
Delaware Hospital ✪	Wilmington, Del	L. J. Jones	1,711	1,985	77	44	1	3/1	1	110.00
Memorial Hospital ✪	Wilmington, Del	J. G. Spackman	2,314	1,928	66	35	5	7/1	1-2	110.00
†Wilmington General Hospital¹	Wilmington, Del	D. J. Pruton	332	4,038	22	9	4	7/1	1-2	150.00
Central Dispensary and Emergency Hosp. ✪	Washington, D.C	J. H. Lyons	3,388	1,224	53	25	4	7/1	1	50.00
Doctors Hospital ✪	Washington, D.C	C. S. White	2,008		47	36	3		1-2	
Freedmen's Hospital ✪¹	Washington, D.C	C. R. Drew	1,334	7,926	60	16	10	7/1	1-3	116.66

Numerical and other references will be found on page 89

25. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
Gallinger Municipal Hospital[a]	Washington, D.C.	B. Blades	1,241	6,882	55	23	6	7/1	3	$ 75.00
Garfield Memorial Hospital[a]	Washington, D.C.	J. O. Warfield, Jr.	3,416	1,192	108	68	4	7/1	1-3	50.00
Georgetown University Hospital	Washington, D.C.	R. J. Coffey	2,377	.....	36	25	7	7/1	1-4	25.00+
†George Washington University Hosp.[a]	Washington, D.C.	B. Blades	.....	.....	...	...	9	7/1	1-5	50.00
Providence Hospital	Washington, D.C.	P. S. Putzki and F. R. Sanderson	2,708	1,494	24	15	3	7/1	1	75.00
Sibley Memorial Hospital[a]	Washington, D.C.	P. S. Putzki	4,725	.....	80	38	6	7/1	1-2	75.00
Duval County Hospital	Jacksonville, Fla.	E. Jelks	792	.....	66	27	4	7/1	1	125.00
Riverside Hospital[a]	Jacksonville, Fla.	H. A. Peyton	.....	.....	...	...	1	7/1	1	.....
†St. Luke's Hospital	Jacksonville, Fla.	K. A. Morris	1,181	109	24	5	1	7/1	1	125.00
St. Vincent's Hospital	Jacksonville, Fla.	F. J. Wass	1,191	.....	31	16	2	7/1	1-2	100.00
Jackson Memorial Hosp.	Miami, Fla.	.....	3,921	8,370	188	81	7	7/1	1	60.00
Crawford W. Long Memorial Hosp.	Atlanta, Ga.	C. E. Rudbin	2,917	130	27	16	7	7/1	1-3	75.00
Georgia Baptist Hospital	Atlanta, Ga.	T. C. Davison	1,273	.....	29	8	3	7/1	1-2	75.00
Grady Memorial Hospital[a]	Atlanta, Ga.	I. Ferguson	3,693	37,800	195	59	26	7/1	1	20.00
Piedmont Hospital	Atlanta, Ga.	F. W. McRae	2,664	.....	11	...	1	.....	1-2	.....
St. Joseph's Infirmary	Atlanta, Ga.	W. F. Necshen	2,964	1,410	41	19	3	7/1	1-3	60.00
University Hospital[a]	Augusta, Ga.	J. H. Sherman	2,208	2,080	54	7	7	7/1	1-4	40.00
Emory University Hospital	Emory University, Ga.	D. C. Elkin	2,070	.....	37	17	8	7/1	1	50.00
American Hospital[a]	Chicago	M. Thorek	.....	.....	...	...	1	7/1	1-2	50.00
Augustana Hospital	Chicago	M. Percy	1,819	3,743	32	15	3	7/1	1-3	50.00
Chicago Memorial Hospital	Chicago	J. Van Prohaska	1,277	2,957	20	18	2	7/1	1-3	200.00
Children's Memorial Hospital[a]	Chicago	W. J. Potts	828	3,743	8	6	1	1/1, 7/1	1	50.00
Cook County Hospital[a]	Chicago	K. A. Meyer	17,285	9,430	1,130	...	19	1/1, 7/1	1-3	27.50
Grant Hospital[a]	Chicago	Seed	.....	.....	...	...	3	7/1	1-3	125.00
Henrotin Hospital[a]	Chicago	J. A. Graham	1,243	.....	11	5	1	7/1	1-2	100.00
Hospital of St. Anthony de Padua	Chicago	F. B. Olentine	1,411	.....	18	2	1	2/1, 6/1	1	150.00
†Illinois Central Hospital	Chicago	W. W. Leske	684	.....	20	4	1	1/1	1	150.00
Illinois Masonic Hospital[a]	Chicago	P. Shambaugh	1,120	.....	61	22	1	.....	1	.....
Lutheran Deaconess Home and Hospital	Chicago	.....	4,587	.....	39	14	1	.....	1	.....
Mercy Hospital—Loyola Univ. Clinics	Chicago	J. B. O'Donoghue	2,295	1,977	111	52	5	7/1	1	25.00
Michael Reese Hospital[a]	Chicago	N. Crohn	2,384	3,042	70	36	5	7/1	1-3	25.00
Mount Sinai Hospital[a]	Chicago	D. Slaney	1,979	1,819	23	15	3	7/1	1-3	50.00
Norwegian-American Hospital[a]	Chicago	W. Johnson	1,030	.....	13	1	2	7/1	1	25.00
Passavant Memorial Hospital[a]	Chicago	L. Davis	1,787	.....	49	32	6	.....	1	.....
Presbyterian Hospital	Chicago	V. C. David	2,637	3,057	51	30	9	Varies	3	25.00
Provident Hospital[a]	Chicago	U. G. Dailey	1,725	1,074	33	4	7	7/1	1-4	25.00
Ravenswood Hospital	Chicago	E. F. Fox	2,314	2,301	68	40	3	1/1	1½-3	50.00
Research and Educational Hospitals	Chicago	W. H. Cole	822	8,603	44	38	4	7/1	1-3	55.00
St. Anne's Hospital	Chicago	P. F. Fox	3,322	.....	64	27	1	6/1	1½-3	125.00
St. Elizabeth Hospital	Chicago	M. G. Loken	1,416	.....	14	4	2	.....	3	60.00
St. Joseph Hospital[a]	Chicago	H. McKenna	853	674	11	3	2	7/1	1-3	75.00
St. Luke's Hospital[a]	Chicago	H. E. Jones	3,335	731	117	67	8	.....	1-3	.....
St. Mary of Nazareth Hospital	Chicago	T. Larkowski	2,436	7,308	62	34	3	.....	1	125.00
University of Chicago Clinics	Chicago	L. L. Dragstedt	1,725	15,701	69	45	11	7/1	1	25.00
Wesley Memorial Hospital[a]	Chicago	R. W. McNealy	2,305	.....	23	8	10	1/1, 7/1	1-3½	25.00
Women's and Children's Hospital[a]	Chicago	M. Williams	256	532	7	5	1	1/1, 7/1	1-3	75.00
Woodlawn Hospital	Chicago	.....	1,062	.....	13	6	1	.....	1	.....
Evanston Hospital	Evanston, Ill.	E. Christopher	1,227	4,002	27	19	2	.....	3	50.00
St. Francis Hospital	Evanston, Ill.	C. E. Pope	2,623	.....	79	56	3	7/1	1	75.00
Little Company of Mary Hospital	Evergreen Park, Ill.	R. J. Bennett	4,584	.....	31	7	2	12/1	1	100.00
St. Francis Hospital[a]	Peoria, Ill.	C. D. Branch	1,602	5,458	34	18	2	1/1, 4/1	1-2	150.00
Indianapolis General Hospital	Indianapolis	F. W. Taylor	1,112	4,360	65	28	5	.....	1	.....
Indiana University Medical Center[a]	Indianapolis	H. G. Gatch	1,535	5,281	99	40	7	7/1	2-3	33.33
Methodist Hospital	Indianapolis	W. E. Gabe	4,030	.....	79	38	4	7/1	1-3	200.00
†St. Vincent's Hospital	Indianapolis	K. R. Ruddell	1,654	.....	25	11	2	1/1	3	200.00
†St. Elizabeth Hospital	LaFayette, Ind.	F. A. Loop	971	.....	19	8	3	10/1	1-3	100.00
Ball Memorial Hospital	Muncie, Ind.	.....	3,308	.....	90	30	4	7/1	1	100.00
Iowa Methodist Hospital	Des Moines, Iowa	J. B. Priestley	2,519	.....	52	30	2	7/1	1-3	75.00
University Hospitals[a]	Iowa City	R. Tidrick	2,901	4,430	104	71	17	7/1	1	50.00
St. Margaret's Hospital[a]	Kansas City, Kan.	M. V. Laing	1,961	.....	30	17	3	7/1	3	50.00
University of Kansas Hospitals[a]	Kansas City, Kan.	.....	807	3,483	30	28	4	.....	1	.....
St. Francis Hospital	Wichita, Kan.	A. P. Gearhart	2,980	.....	86	37	3	7/1	1	.....
Wesley Hospital[a]	Wichita, Kan.	A. E. Hiebert	1,675	.....	24	11	1	2/1	1-3	150.00
St. Joseph's Hospital	Lexington, Ky.	F. W. Rankin	2,327	.....	78	25	1	7/1	1-3	90.00
Louisville General Hospital	Louisville, Ky.	R. C. Grinwald	2,125	12,037	64	17	1	7/1	1	45.00
Norton Memorial Infirmary	Louisville, Ky.	C. H. Maguire	3,214	.....	43	21	3	7/1	1-2	75.00
St. Joseph Infirmary	Louisville, Ky.	I. Abell, Sr.	5,042	.....	109	43	4	7/1	1-4	75.00
Charity Hospital of Louisiana[a]	New Orleans	.....	8,026	35,111	399	112	27	7/1	1-4	25.00
†Foundation Hospital	New Orleans	A. Ochsner	513	25,794	17	8	18	Varies	1	150.00
Hotel Dieu, Sisters' Hospital[a]	New Orleans	J. A. Danna	8,117	1,072	49	15	2	.....	1	.....
†Southern Baptist Hospital	New Orleans	S. Lyons	2,496	.....	29	26	1	7/1	1-3	150.00
Touro Infirmary	New Orleans	J. D. Rives	3,482	6,316	71	37	5	7/1	1	17.50
Shreveport Charity Hospital[a]	Shreveport, La.	F. D. Heard	3,125	5,403	60	7	7	7/1	1-3	60.00
Maine General Hospital	Portland, Me.	I. M. Webber	1,695	2,117	55	24	6	.....	1+	.....
Baltimore City Hospitals[a]	Baltimore	T. B. Aycock	2,398	3,497	160	61	6	7/1	1	35.00
Bon Secours Hospital	Baltimore	G. Stewart	927	1,295	5	2	3	4/1	1-3	75.00
Church Home and Hospital[a]	Baltimore	T. S. Cullen	3,502	1,053	52	24	4	7/1	1	35.00
Franklin Square Hospital	Baltimore	H. E. Wilgus	1,482	5,427	19	6	5	7/1	1-4	75.00
Hospital for Women[a]	Baltimore	W. Rienhoff	863	1,818	2	...	5	7/1	1	85.00
Johns Hopkins Hospital	Baltimore	A. Blalock	3,344	19,582	132	90	10	.....	1-4+	.....
Maryland General Hospital[a]	Baltimore	R. F. Chenowith	2,664	2,005	81	17	13	7/1	1-4	50.00
Mercy Hospital	Baltimore	.....	2,455	.....	62	18	5	.....	1	.....
Provident Hospital and Free Dispensary[a]	Baltimore	S. McLanahan	1,095	1,037	53	...	5	.....	1	.....
St. Agnes Hospital	Baltimore	G. A. Stewart	1,310	364	30	10	6	.....	1	.....
St. Joseph's Hospital	Baltimore	W. B. Geraghty	2,154	3,341	28	5	6	7/1	3	50.00
Sinai Hospital[a]	Baltimore	H. M. Kerr	2,170	.....	40	21	6	7/1	1-4	25.00
South Baltimore General Hospital[a]	Baltimore	O. S. Lloyd	2,289	3,562	56	13	7	7/1	1-4	75.00
Union Memorial Hospital	Baltimore	J. M. T. Finney, Jr.	.....	.....	...	...	9	7/1	1	.....
University Hospital[a]	Baltimore	A. M. Shipley	2,487	9,534	80	30	9	7/1	1-2	75.00
West Baltimore General Hospital	Baltimore	N. D. Marvel	1,429	1,822	...	...	4	.....	1-3	.....
Suburban Hospital	Bethesda, Md.	A. L. Riddick	1,137	615	16	4	1	7/1	1	100.00
Beverly Hospital	Beverly, Mass.	P. F. Johnson	2,182	3,661	36	27	4	.....	2-3	50.00
Beth Israel Hospital	Boston	C. G. Mixter	3,089	11,391	78	43	9	7/1	1	41.66
Boston City Hospital[a]	Boston	R. G. Cochrane	10,109	100,148	512	98	10	.....	1-2	66.67
Carney Hospital	Boston	.....	1,904	5,122	61	17	5	7/1	1-4	50.00
Children's Hospital	Boston	R. Gross	2,026	11,674	45	35	7	Varies	1	41.67
Lahey Clinic	Boston	F. H. Lahey	.....	.....	...	...	18	Varies	1-3	.....
Massachusetts General Hospital	Boston	E. D. Churchill and A. W. Allen	4,665[b]	16,540[b]	...	...	35	7/1	1-3	.....
Massachusetts Memorial Hospitals[a]	Boston	R. H. Smithwick	2,818	3,224	58	18	7	7/1, 10/1	1	50.00

Numerical and other references will be found on page 89

25. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residents Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
New England Hospital for Women and Children	Boston	G. Rochford	1,319	1,281	7	4	3	1/1	1	$ 50.00
Peter Bent Brigham Hospital	Boston	W. C. Quinby	2,801	27,773	90	61	11	Varies	1	
St. Elizabeth's Hospital	Boston	J. W. Spellman	1,788	2,553	50	14	5	7/1	1-4	75.00
Cambridge City Hospital	Cambridge, Mass.	E. J. O'Brien, Jr.	1,815	9,992	104	46	1	7/1	1	60.00
Mount Auburn Hospital	Cambridge, Mass.	S. Fraser	1,989	1,520	47	21	2	7/1	1	50.00
Truesdale Hospital	Fall River, Mass.	W. G. Atwood	1,709	642	23	11	4	1/1, 7/1	1	50.00
†Malden Hospital	Malden, Mass.	W. E. Garrey	1,326		31	10	2	7/1	1-2	100.00
Newton-Wellesley Hospital	Newton, Mass.	R. J. Smith	2,461	1,778	66	18	2		3	100.00
Cooley Dickinson Hospital	Northampton, Mass.	T. F. Corriden	3,605				1	7/1	1	50.00
Salem Hospital	Salem, Mass.	W. G. Phippen	2,163	1,865	42		1		1	50.00
Memorial Hospital	Worcester, Mass.	B. Alton	3,019	670	50	26	1		1	125.00
St. Vincent Hospital	Worcester, Mass.	J. M. Fallon	2,532		58	22	4	7/1	1-4	41.67
Worcester City Hospital	Worcester, Mass.	B. F. Andrews	2,988	3,669	92	40	2	4/1		50.00
St. Joseph's Mercy Hospital	Ann Arbor, Mich.		911	8,279	31	14	3	1/1, 7/1	2-3	125.00
University Hospital	Ann Arbor, Mich.	F. A. Coller	2,727	13,419	92	51	22	7/1	1-5	111.40
Lewis Y. Post Montgomery Hospital	Battle Creek, Mich.	R. L. Mustard	877	2,925	4	2	4	7/1	1-3	200.00
Alexander Blain Hospital	Detroit	A. W. Blain and J. H. Blain	1,027	11,721	16	9	8	7/1	1-5	100.00
Charles Godwin Jennings Hospital	Detroit	J. B. Hartzell	1,041		12	10	1	7/1	1-3	200.00
City of Detroit Receiving Hospital	Detroit	C. G. Johnston	3,182	19,758	126	39	15	7/1	1-4	167.00
Evangelical Deaconess Hospital	Detroit	E. C. Baumgarten					3	7/1	1-3	200.00
Grace Hospital	Detroit	C. S. Kennedy	2,182	964	57		6	7/1	1-4	75.00
Harper Hospital	Detroit	W. D. Barrett	1,558	4,081			22	7/1	1	118.00
Henry Ford Hospital	Detroit	R. D. McClure	3,161	31,787	78	38	22	7/1	1-5	200.00
Mount Carmel Mercy Hospital	Detroit	L. Gariepy	6,445		79	24	9	7/1	1-4	100.00
Providence Hospital	Detroit	R. Bookmeyer	3,876		85	44	4	7/1	1-3	140.00
St. Mary's Hospital	Detroit	G. K. Glasgow	4,879		50	31	2	7/1	3	
Woman's Hospital	Detroit	W. E. Johnston	1,699		20	10	2	7/1	3	125.00
Wayne County General Hospital and Infirmary	Eloise, Mich.	R. V. Walker	3,549	8,756	109	48	8	7/1	1	216.25
Hurley Hospital	Flint, Mich.	A. H. Kretchmar	1,877		45	29	2	10/1	3	135.00
Blodgett Memorial Hospital	Grand Rapids, Mich.	J. D. Miller	1,169		25	18	3	7/1	3	175.00
Butterworth Hospital	Grand Rapids, Mich.	D. Chandler	2,148	401	57	27	3	7/1	3	100.00
St. Mary's Hospital	Grand Rapids, Mich.	J. W. Logie	3,201	609	82	21	3		3	125.00
Highland Park General Hospital	Highland Park, Mich.	F. Witter	1,307		26	7	3	7/1	1	150.00
Bronson Methodist Hospital	Kalamazoo, Mich.	H. C. Jackson	2,032	2,147	58	23	3	7/1	1-3	150.00
Pontiac General Hospital	Pontiac, Mich.	C. T. Ekelund	850	3,595	10	4	3	7/1	1-3	75.00
Saginaw General Hospital	Saginaw, Mich.	H. M. Bishop	1,129		20	9	2	7/1	1-3	75.00
St. Luke's Hospital	Duluth, Minn.	P. S. Rodie	1,600		39	30	1	7/1	1	100.00
St. Mary's Hospital	Duluth, Minn.	A. J. Branco	1,706		45	35	1		1	
Lutheran Deaconess Home and Hospital	Minneapolis	G. S. Bergh	3,257		21	14	2	1/1, 7/1	1	175.00
Minneapolis General Hospital	Minneapolis	A. A. Zierold	919	7,221	75	24	12	1/1, 7/1	1-3	115.00
Northwestern Hospital	Minneapolis	H. Fowler	1,591		17	9	2	7/1	1	150.00
†St. Barnabas Hospital	Minneapolis	C. O. Rice	1,354		36	26	2	1/1, 7/1	1	100.00
Swedish Hospital	Minneapolis	H. G. Scott					3	7/1	1-3	125.00
University Hospitals	Minneapolis	O. H. Wangensteen	1,270	7,286	73	62	27	7/1	1-3	115.00
Mayo Foundation	Rochester, Minn.	D. C. Balfour	(See page 89)				135		1-3	
Ancker Hospital	St. Paul	A. R. Colvin	1,227	3,093	101	86	4	1/1	3	91.50
Charles T. Miller Hospital	St. Paul	H. B. Zimmermann	2,480	2,053	21	16	2	Varies	1-3	115.00
Vicksburg Hospital	Vicksburg, Miss.	W. H. Parsons	821		5	2	3	7/1	3-5	
St. Louis County Hospital	Clayton, Mo.	L. Will	1,163	9,022	71	36	4	7/1	1-3	80.00
Ellis Fischel State Cancer Hospital	Columbia, Mo.	J. J. Modlin	1,116	5,058	46	38	11	7/1	1-2	50.00
Kansas City General Hospital No. 1	Kansas City, Mo.	C. J. Schotz	1,251	3,834	87	35	6	7/1	2-4	50.00
Menorah Hospital	Kansas City, Mo.	O. J. Prinz	921		12	4	1	7/1	3	200.00
Research Hospital	Kansas City, Mo.	C. J. Hunt	1,398	474	36	20	2	7/1	1-3	100.00
St. Joseph Hospital	Kansas City, Mo.	R. R. Colley					3		1-3	100.00
St. Luke's Hospital	Kansas City, Mo.	C. B. Schutz					1	7/1	1-3	75.00
St. Mary's Hospital	Kansas City, Mo.	J. E. Castles	3,055		41	24	2	7/1	1	100.00
Barnes Hospital	St. Louis	E. A. Graham	1,946	6,838	72	54	20	7/1	1-3	25.00
De Paul Hospital	St. Louis	H. A. Hassett	1,691	152	54	6	3	7/1	3	60.00
Homer G. Phillips Hospital	St. Louis	R. Elman	1,601	5,774	151	106	6	7/1	1	50.00
Jewish Hospital	St. Louis	J. G. Probstein	2,013		58	20	2		3	
Missouri Baptist Hospital	St. Louis	J. A. Forsen	2,490				5	7/1	1-3	60.00
Missouri Pacific Hospital	St. Louis	O. B. Zeinert	1,255	12,997	15	1	4	7/1	1-3	125.00
St. Anthony's Hospital	St. Louis	T. Tainter	3,121		35	19	1		1	
St. John's Hospital	St. Louis	W. P. Glennon	2,785	1,108	64	17	3	7/1	1-3	50.00
St. Louis City Hospital	St. Louis		3,504	7,544	272	110	15	7/1	1	95.00
St. Luke's Hospital	St. Louis	G. L. Krause	2,251				2	7/1	1	75.00
St. Mary's Group of Hospitals	St. Louis	J. E. Stewart	2,636	8,089	87	45	7	Varies	3	35.00
Montana Deaconess Hospital	Great Falls, Mont.	L. E. Howard	857	219	3	1	1		1-2	
Bishop Clarkson Memorial Hospital	Omaha	R. R. Best	1,005		23	8	1		1	
Creighton Memorial St. Joseph's Hosp.	Omaha	C. McMartin	5,443	2,296	52	30	1		1	
Nebraska Methodist Hospital	Omaha	C. C. McLaughlin	1,980		41	22	1	7/1	1	100.00
University of Nebraska Hospital	Omaha	J. J. Keegan	300		23	23	8	7/1	1-3	75.00
Atlantic City Hospital	Atlantic City, N. J.	H. I. Silvers	4,019	22,939	127	44	1	7/1	1	
Cooper Hospital	Camden, N. J.	I. E. Deibert	2,057	5,705	104	61	3		1-3	83.33
West Jersey Hospital	Camden, N. J.	H. W. Jacobs	1,682	2,592	60	44	3	7/1	3	150.00
Hackensack Hospital	Hackensack, N. J.	A. I. Mosher, Jr.	2,718	7,785	51		1	7/1	1	100.00
Jersey City Hospital	Jersey City, N. J.	E. Burke	2,958	23,111	140	23	4	Varies	1-3	35.00
Mountainside Hospital	Montclair, N. J.	R. G. Stewart	3,023	3,436	114	41	2	7/1	1+	50.00
Burlington County Hospital	Mount Holly, N. J.	T. J. Sumney	1,020	1,751	26	13	2	7/1	1-3	100.00
Fitkin Memorial Hospital	Neptune, N. J.	O. K. Parry	1,307	2,747	27	13	2	7/1	1	50.00
Hospital of St. Barnabas and for Women and Children	Newark, N. J.	C. A. Helwig	2,445	3,613			3	7/1	3	
Newark Beth Israel Hospital	Newark, N. J.	H. Comanello	2,745	1,019	92	29	2	1/1	3	25.00
Presbyterian Hospital	Newark, N. J.	E. W. Sprague	4,494	166	58	20	4	1/1	1-2	200.00
Paterson General Hospital	Paterson, N. J.		2,629	1,130	102	27	1	7/1	1	100.00
†St. Francis Hospital	Trenton, N. J.	L. S. Sica	4,048		125	31	1		1	100.00
Albany Hospital	Albany, N. Y.	F. H. Campbell	2,317	3,147	61	35	9		1	41.66
Binghamton City Hospital	Binghamton, N. Y.	H. Sacserson	4,110		80	36	7	7/1	1-3	60.00
Beth Moses Hospital	Brooklyn		(See Maimonides Hospital)							
Brooklyn Hospital	Brooklyn	W. H. Field	7,948	5,988	58	39	8	7/1	1-4	25.00
Coney Island Hospital	Brooklyn	J. E. Hammett	2,450	12,355	113	28	3	1/1, 7/1	1	70.00
Cumberland Hospital	Brooklyn	J. J. Gainey	2,591	13,637	114	20	3	7/1	1	70.00
Greenpoint Hospital	Brooklyn	J. Smith, Jr.	1,313	9,365	64	19	2	4/1	1	120.00
Jewish Hospital	Brooklyn		2,887	858	58	17	4		4	30.00
Kings County Hospital	Brooklyn	J. Temoney and J. Browder	10,798	39,053	641	114	5	1/1, 7/1	1-3	50.00
Long Island College Hospital	Brooklyn	E. Goetsch	2,485	9,864	35	15	4	7/1	1-6	25.00

Numerical and other references will be found on page 89

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25. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Maimonides Hospital										
Beth Moses Division	Brooklyn	I. E. Siris and H. M. Rabanowski	2,617	2,095	53	10	3	7/1	1	$100.00
Methodist Hospital	Brooklyn	H. K. Bell and P. A. Renaud	2,074	4,428	54	19	5	7/1	4	25.00
Norwegian Lutheran Deaconesses' Home and Hospital	Brooklyn						1		1	
St. Catherine's Hospital	Brooklyn		1,787	3,235	51	11	2	7/1	3	125.00
St. John's Hospital	Brooklyn	M. N. Foote	1,683		37	17	3	7/1	1-3	95.00
St. Mary's Hospital	Brooklyn	T. M. Brennan	1,188	3,625	46	8	1	7/1	1	60.00
Buffalo General Hospital	Brooklyn	J. R. Paine	2,700	1,868	70	30	7	7/1	1-4	25.00
Children's Hospital	Buffalo	W. L. Machemer	721		10	10	2	Varies	1-3	25.00
Deaconess Hospital	Buffalo		4,398	1,329	75	29	5		1-3	60.00
Edward J. Meyer Memorial Hospital	Buffalo	J. D. Stewart	1,431	2,766	192	104	11	Varies	5	100.00
Millard Fillmore Hospital	Buffalo	H. N. Kenwell	2,154		14	4	7		1-4	50.00
Mary McClellan Hospital	Cambridge, N. Y.		907	4,370	39	18	1	7/1	1	
Clifton Springs Sanitarium and Clinic	Clifton Springs, N. Y.	W. C. Eikner and R. M. Price	1,056	2,800	27	18	2		1-3	
Mary Imogene Bassett Hospital	Cooperstown, N. Y.	M. A. McIver	690	5,175			2	7/1	1-3	83.33
Meadowbrook Hospital	Hempstead, N. Y.	A. H. Waninger	1,032		39	41	2	1/1, 7/1	1-3	115.00
Jamaica Hospital	Jamaica, N. Y.	J. D. Hallinan					2	7/1	1-3	175.00
Mary Immaculate Hospital	Jamaica, N. Y.	F. N. Dealy	703	826	15	3	1		1-3	
Queens General Hospital	Jamaica, N. Y.	C. L. Davidson	2,962	7,569	311	137	3	7/1	3	70.00
Charles Wilson Memorial Hospital	Johnson City, N. Y.	F. G. Moore	3,421		33	13	5	7/1	1-3	200.00
†Mount Vernon Hospital	Mount Vernon, N. Y.	N. W. Cornell	1,904	613	30	8	2	7/1	1-2	125.00
New Rochelle Hospital	New Rochelle, N. Y.	G. C. Adic	1,822	2,418	40	17	3	7/1	1-3	100.00
Bellevue Hosp. Div. I—Columbia Univ.	New York City	F. B. Berry	2,339b	10,738b	98b	36b	5	1/1, 7/1	3	70.00
Bellevue Hosp. Div. II—Cornell Univ.	New York City	A. H. Wartiner	2,300b	11,213b	81b	37b	5	7/1	3	70.00
Bellevue Hosp. Div. III—N. Y. Univ.	New York City	J. H. Mulholland	2,306b	10,035b	88b	32b	8	7/1	4	70.00
Bellevue Hosp. Div. IV—Open Division	New York City	A. S. McQuillan	2,258b	9,116b	84b	47b	6	7/1	1	70.00
Beth Israel Hospital	New York City	L. Ginzburg	1,210	3,087	33	11	4	7/1	1-4	50.00
Bronx Hospital	New York City	I. Cohn	3,231	13,271	112	6	6	7/1	1-3	75.00
Flower and Fifth Avenue Hospitals	New York City	J. M. Winfield	1,967	4,860	37	6	11	6/1	1	
Fordham Hospital	New York City	L. Marton					4		1	
†French Hospital	New York City	H. B. Keyes	2,137	3,218	30	9	3	10/1	3	
Gouverneur Hospital	New York City	J. F. McGowan	743	10,257	53	3	3	7/1	1	70.00
Harlem Hospital	New York City	L. T. Wright	3,954	18,470	248	98	10	1/1, 7/1	1-4	45.00
Hospital for Special Surgery	New York City	F. Beekman	1,508	2,760	14	6	3	Varies	1	50.00
Knickerbocker Hospital	New York City	R. H. Patterson					3	7/1	1+	110.00
Lenox Hill Hospital	New York City	O. C. Pickhardt and F. M. Donohue	2,571		76	29	6	Varies	1-3	50.00
†Lincoln Hospital	New York City	F. H. Amendola	4,291	17,501	174	39	8	7/1	1-3	60.00
Metropolitan Hospital	New York City	J. M. Winfield	1,481	5,353	158	32	5		1	70.00
Montefiore Hospital for Chronic Diseases	New York City	S. Standard	457		57	20	3	1/1, 7/1	1	50.00
Morrisania City Hospital	New York City	G. Milani and P. Daly	1,084	5,243	51	20	2	7/1, 7/1	2	60.00
Mount Sinai Hospital	New York City						21	1/1, 7/1	1-2	50.00
New York City Hospital	New York City	L. W. Crossman	2,091	7,784	139	41	5	7/1	1-3	70.00
New York Hospital	New York City	F. Glenn	3,517	38,769	88	66	27	1/1, 7/1	1-7	25.00
New York Infirmary	New York City	A. Hubert	531	2,169	7	6	2	7/1	1	75.00
New York Polyclinic Medical School and Hospital	New York City	R. E. Brennan	1,813		39	10	12	7/1	3	25.00
New York Post-Graduate Medical School and Hospital	New York City	J. W. Hinton	3,655	6,171	107	32	22	Varies	1-2	30.00
Presbyterian Hospital	New York City	G. H. Humphreys	3,448	47,781	117		18		1-4	41.66
Roosevelt Hospital	New York City	H. W. Cave and W. C. White	3,606	8,240	133	30	14	7/1	1-3	70.00
St. Clare's Hospital	New York City	W. F. Healey	3,091	2,203	72	37	4	7/1	3	25.00
St. Luke's Hospital	New York City	W. F. MacFee	3,180	18,018	106	40	12	Varies	1-3	50.00
St. Vincent's Hospital	New York City	G. R. Stuart	1,924	3,856	57	15	3	7/1	1-3	50.00
Sydenham Hospital	New York City	J. R. Steinbuck	1,739	5,650	43	6	2	7/1	1	75.00
Genesee Hospital	Rochester, N. Y.	J. Stubins	1,851	1,177	59	28	4	7/1	1	41.66
Highland Hospital	Rochester, N. Y.	W. A. Calihan	1,810b	329b			4		1-2	100.00
Rochester General Hospital	Rochester, N. Y.	W. A. Fenstermacher	3,293	3,649	52	41	6	7/1	1-3	70.00
St. Mary's Hospital	Rochester, N. Y.	L. F. Simpson	2,901		23	20	6	7/1	1-3	125.00
Strong Memorial—Rochester Municipal Hospitals	Rochester, N. Y.	J. F. Morton	2,430	12,022	130	106	14	7/1	1-4	41.66
†Ellis Hospital	Schenectady, N. Y.	A. Grosmer	4,348		95	32	2	7/1	1-3	100.00
Hospital of the Good Shepherd	Syracuse, N. Y.	A. B. Raffi	3,240		63	33	4		1-2	125.00
Grasslands Hospital	Valhalla, N. Y.	T. C. Arbe	417	2,179	34	21	4	7/1	1-2	75.00
†White Plains Hospital	White Plains, N. Y.	E. C. Ramsdell					1	7/1	1-3	100.00
Charlotte Memorial Hospital	Charlotte, N. C.	T. D. Sparrow	1,633	4,389	40	17	2	7/1	1-3	75.00
Duke Hospital	Durham, N. C.	D. Hart	2,207	8,080	29	13	20	7/1	1	83.33
Watts Hospital	Durham, N. C.	W. B. McCutcheon	2,746	748	34	14	5	7/1	1-4	50.00
Rutherford Hospital	Rutherfordton, N. C.	R. H. Crawford	854	5,537	2	1	1		2-3	
James Walker Memorial Hospital	Wilmington, N. C.		3,246	6,238	49	12	2	7/1	1-3	75.00
City Memorial Hospital	Winston-Salem, N. C.	J. F. Marshall		2,656	19	7	3	7/1	1-2	75.00
North Carolina Baptist Hospital	Winston-Salem, N. C.	H. H. Bradshaw	1,197	4,478	19	11	11		1-3	
Bismarck Evangelical Hospital	Bismarck, N. D.	J. Ramstad	1,007		7	2	1	Varies	1	115.00
St. Luke's Hospital	Fargo, N. D.	V. G. Borland	644		6	4	1	7/1	1	100.00
Trinity Hospital	Minot, N. D.	A. L. Cameron	649	4,269			1		1	
Children's Hospital	Akron, Ohio		752	127	16	8	1	7/1	1-2	95.00
City Hospital	Akron, Ohio		3,037		55	9	3	7/1	1-4	100.00
Peoples Hospital	Akron, Ohio	R. T. Allison, Jr.	1,376	308	17	3	3	7/1	1-4	100.00
St. Thomas Hospital	Akron, Ohio	A. F. Dorner	2,224	643	17	9	4	7/1	1	125.00
Aultman Hospital	Canton, Ohio	L. L. Lawrence	3,787		84	62	9	7/1	1-3	75.00
Mercy Hospital	Canton, Ohio	A. D. Warren	2,977		70	19	7	7/1	1-3	100.00
Christ Hospital	Cincinnati	P. W. Sutton	1,930	3,383	81	24	5	7/1	1-3	75.00
Cincinnati General Hospital	Cincinnati	B. N. Carter	3,348	16,599	310	122	22	7/1	1-6	
Deaconess Hospital	Cincinnati		2,747		50	91	2	4/1, 10/1	1-2	75.00
Good Samaritan Hospital	Cincinnati	J. J. Mahoney	4,112	1,476	61	38	8	7/1	1-3	100.00
Jewish Hospital	Cincinnati	J. D. Heiman	6,033		61	36	7	7/1	1-4	75.00
St. Mary's Hospital	Cincinnati	K. B. Hanson	1,248	730	29	11	3	7/1	1-3	100.00
City Hospital	Cleveland	C. H. Lenhart	2,664	13,792	143	86	18	7/1	1-4	60.00
Cleveland Clinic Foundation Hospital	Cleveland	J. Jones	2,687	21,964	90	18	18	7/1	1-3	100.00
Fairview Park Hospital	Cleveland	H. W. Maxmhimer	1,186	519	18	4	3	7/1	1	100.00
Lutheran Hospital	Cleveland	F. S. Gibson	2,794		54	36	4		1-2	
Mount Sinai Hospital	Cleveland	S. O. Freedlander	2,033	1,328	47	22	3	7/1	1	100.00
St. Alexis Hospital	Cleveland	E. A. Stastica	6,277	2,383	112	45	6	7/1	1-3	75.00
St. John's Hospital	Cleveland	J. K. Ripton	1,886	386	54	21	4	7/1	1+	
St. Luke's Hospital	Cleveland	D. M. Glover	3,702	3,494	82	39	4	6/1	4	60.00
St. Vincent Charity Hospital	Cleveland	H. B. Wright	1,387	9,360	22	14	9		1	75.00
University Hospitals	Cleveland	C. H. Lenhart	3,829	9,359	106	3	16	7/1	1+	25.00

Numerical and other references will be found on page 89

25. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Residencies Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Salary (Month)
Mount Carmel Hospital[a]	Columbus, Ohio	W. H. Teachnor	3,224	.....	74	22	1	1/1	1-2	$135.00
St. Francis Hospital[a]	Columbus, Ohio	I. B. Harris	1,680	.....	101	28	3	.....	1	.....
Starling-Loving University Hospital[a]	Columbus, Ohio	R. M. Zollinger	1,525	5,703	100	66	17	7/1	1-3	50.00
†White Cross Hospital[a]	Columbus, Ohio	R. E. S. Young	2,175	171	42	9	1	.....	1-2	100.00
Miami Valley Hospital[a]	Dayton, Ohio	F. H. Miller	3,035½	1,094½	.....	.....	3	7/1	1-3	.....
Huron Road Hospital[a]	East Cleveland, Ohio	H. W. Brown	2,809	370	57	23	6	7/1	1	80.00
Mercy Hospital[a]	Hamilton, Ohio	G. T. Riggs	2,231	176	64	14	3	.....	1-3	50.00
Lakewood Hospital[a]	Lakewood, Ohio	C. L. Graber	2,739	502	42	19	3	7/1	1-2	100.00
Maumee Valley Hospital[a]	Toledo, Ohio	E. J. McCormick	1,522	3,494	96	42	2	7/1	1	150.00
Mercy Hospital[a]	Toledo, Ohio	T. F. Heatley	4,884	.....	63	38	1	7/1	3	110.00
St. Vincent's Hospital[a]	Toledo, Ohio	F. D. Douglass	3,797	697	77	42	3	7/1	1-3	100.00
St. Elizabeth's Hospital[a]	Youngstown, Ohio	L. G. Coe	1,687	260	30	3	4	7/1	1	110.00
Youngstown Hospital[a]	Youngstown, Ohio	A. E. Brant	3,685	769	81	38	3	7/1	1-2	100.00
St. Anthony Hospital[a]	Oklahoma City	R. M. Howard	6,214	.....	105	32	3	7/1	1-2	75.00
University Hospital[a]	Oklahoma City	C. E. Clymer	1,056	3,239	61	25	4	7/1	1-3	35.00
Hillcrest Memorial Hospital[a]	Tulsa, Okla.	A. B. Carney	2,281	1,356	69	15	3	7/1	1-3	75.00
St. John's Hospital[a]	Tulsa, Okla.	D. L. Garrett	1,490	.....	33	9	1	Varies	1-4	125.00
Emanuel Hospital[a]	Portland, Ore.	R. Mangels	1,532	.....	11	3	2	7/1	1-3	75.00
Good Samaritan Hospital[a]	Portland, Ore.	M. McKredie	2,072	.....	36	14	1	7/1	1-2	75.00
†Portland Sanitarium and Hospital[a]	Portland, Ore.	W. B. Holden	1,927	.....	11	7	1	7/1	1	130.00
Providence Hospital[a]	Portland, Ore.	L. P. Gambee	3,021	.....	60	30	3	7/1	1-3	75.00
University of Oregon Medical School Hospitals and Clinics[a]	Portland, Ore.	W. K. Livingston	1,990	5,484	71	42	5	7/1	3	75.00
Abington Memorial Hospital[a]	Abington, Pa.	D. B. Pfeiffer	2,469	2,321	74	33	3	7/1	3	75.00
Allentown Hospital[a]	Allentown, Pa.	R. L. Schaffer	2,708	2,827	93	24	2	7/1	2	100.00
Sacred Heart Hospital[a]	Allentown, Pa.	W. A. Hausman	3,815	11,157	128	42	2	7/1	1-3	150.00
St. Luke's Hospital[a]	Bethlehem, Pa.	W. L. Estes, Jr.	2,630	399	84	37	3	7/1	1-2	100.00
Bradford Hospital	Bradford, Pa.	C. Smith	2,504	2,161	74	15	2	7/1	1-3	100.00
Bryn Mawr Hospital[a]	Bryn Mawr, Pa.	A. E. Billings	560	.....	24	6	2	7/1, 8/1	1	75.00
George F. Geisinger Memorial Hospital[a]	Danville, Pa.	H. L. Foss	2,148	16,857	50	31	4	.....	1-3	75.00
Hamot Hospital[a]	Erie, Pa.	W. G. Allen	1,615	1,055	55	21	1	.....	1	.....
St. Vincent's Hospital[a]	Erie, Pa.	F. P. McCarthy	4,330	1,384	69	6	1	7/1	1-3	50.00
Conemaugh Valley Memorial Hospital[a]	Johnstown, Pa.	J. T. Taylor	1,804	.....	96	16	1	7/1	1	150.00
St. Joseph's Hospital[a]	Lancaster, Pa.	J. L. Atlee, Jr.	1,648	5,027	65	33	3	7/1	3	150.00
Episcopal Hospital[a]	Philadelphia	E. T. Crossan and I. M. Boykin	2,971	14,834	58	.....	3	.....	1	50.00
Frankfort Hospital[a]	Philadelphia	B. F. Chandlee	745	1,695	50	3	1	7/1	1-2	.....
Germantown Dispensary and Hospital[a]	Philadelphia	W. B. Swartley	2,485	6,298	79	16	2	7/1	1-2	50.00
Graduate Hospital of the Univ. of Penn.[a]	Philadelphia	W. Bates	1,796	8,377	63	31	5	7/1	1-2	.....
Hahnemann Hospital[a]	Philadelphia	W. L. Martin	4,310	.....	134	73	5	1/1	1-3	50.00
Hospital of the Univ. of Pennsylvania[a]	Philadelphia	I. S. Ravdin	3,454	3,679	55	46	16	4/1	1-5	100.00
Hospital of the Woman's Medical College of Pennsylvania[a]	Philadelphia	L. K. Ferguson	931	4,286	15	4	2	7/1	1	50.00
Jefferson Medical College Hospital[a]	Philadelphia	.....	3,145	9,047	134	80	14	.....	1	.....
Jewish Hospital[a]	Philadelphia	.....	3,916	5,985	126	57	5	7/1	1-2	50.00
Lankenau Hospital[a]	Philadelphia	J. M. Deaver and G. C. Engel	2,955	13,078	61	38	5	7/1	1-3	50.00
Mount Sinai Hospital[a]	Philadelphia	B. Lapchuta and L. Kaplan	1,800	10,677	58	36	2	7/1	1-3	50.00
Pennsylvania Hospital[a]	Philadelphia	J. H. Gibbon, Jr. and T. J. Summey	1,790	10,167	78	35	6	4/1, 8/1	1-3	20.00
Philadelphia General Hospital[a]	Philadelphia	.....	1,294	.....	165	.....	6	.....	1-3	70.00
Presbyterian Hospital[a]	Philadelphia	T. E. Orr	1,306½	.....	.....	.....	3	.....	2-3	50.00
Temple University Hospital[a]	Philadelphia	W. E. Burnett	2,232	6,732	81	29	7	7/1	3	50.00
Woman's Hospital[a]	Philadelphia	C. M. Smyth, Jr.	843	3,095	5	3	1	7/1	3	50.00
Allegheny General Hospital[a]	Pittsburgh	J. C. Burt	2,014	4,869	106	12	2	9/1	2	100.00
Children's Hospital[a]	Pittsburgh	.....	968	2,268	11	7	1	.....	1	.....
Mercy Hospital[a]	Pittsburgh	H. H. Donaldson	3,745	5,470	75	28	3	9/1	1-3	100.00
Montefiore Hospital[a]	Pittsburgh	H. Frankenstein	1,296	1,551	42	18	3	7/1	3	50.00
Presbyterian Hospital[a]	Pittsburgh	J. S. Bagley	1,031	1,231	76	5	1	7/1	1	50.00
Presbyterian Hospital[a]	Pittsburgh	E. W. Meredith	2,251	.....	93	31	10	.....	1-5	41.67
St. Francis Hospital[a]	Pittsburgh	.....	2,611	264	62	9	3	7/1	3	110.00
Western Pennsylvania Hospital[a]	Pittsburgh	L. H. Lanzon	3,157	1,228	116	19	3	7/1	1-3	75.00
Reading Hospital[a]	Reading, Pa.	W. A. Lehkicher	1,649	4,600	65	31	1	7/1	1-2	100.00
St. Joseph's Hospital[a]	Reading, Pa.	M. E. Gearhart	1,300	.....	56	26	1	7/1	1	.....
Robert Packer Hospital[a]	Sayre, Pa.	D. Guthrie	1,223	4,588	30	17	3	7/1	2-3	150.00
Washington Hospital[a]	Washington, Pa.	W. J. L. McCullough	.....	.....	.....	.....	1	7/1	1	175.00
Mercy Hospital[a]	Wilkes-Barre, Pa.	P. F. McHugh	1,728	907	48	18	2	7/1	1	100.00
Wilkes-Barre General Hospital[a]	Wilkes-Barre, Pa.	P. F. Mengel	4,804	4,307	91	18	1	9/1	1	100.00
York Hospital[a]	York, Pa.	J. F. Baron	1,603	1,010	94	30	1	7/1	1	200.00
Rhode Island Hospital[a]	Providence, R. I.	W. P. Davis	4,620	.....	112	54	6	1/1	1-3	50.00
Roper Hospital[a]	Charleston, S. C.	F. E. Kredel	2,133	2,445	63	31	5	7/1	1-4	25.00
Columbia Hospital[a]	Columbia, S. C.	G. H. Bunch, Sr.	2,437	7,094	87	37	2	7/1	1-2	75.00
Baroness Erlanger Hospital[a]	Chattanooga, Tenn.	W. J. Sheridan	2,485	1,048	55	16	11	7/1	1	90.00
Knoxville General Hospital[a]	Knoxville, Tenn.	C. C. Smeltzer	1,661	2,040	56	12	2	7/1	1	60.00
John Gaston Hospital[a]	Memphis, Tenn.	J. L. McGehee	2,160	12,142	88	47	6	7/1	1	.....
Methodist Hospital[a]	Memphis, Tenn.	H. Francis	2,902	.....	90	8	2	7/1	1-2	100.00
St. Joseph Hospital[a]	Memphis, Tenn.	J. M. Aste	2,119	.....	9	4	1	.....	1-2	100.00
George W. Hubbard Hospital of Meharry Medical College[a]	Nashville, Tenn.	M. Walker	738	3,823	41	13	7	7/1	1-5	75.00
Nashville General Hospital[a]	Nashville, Tenn.	E. Rippy	1,436	11,631	74	23	3	7/1	1-3	40.00
St. Thomas Hospital[a]	Nashville, Tenn.	L. W. Edwards	4,704	.....	85	34	8	7/1	1-4	75.00
Vanderbilt University Hospital[a]	Nashville, Tenn.	B. Brooks	3,277	13,841	102	64	10	7/1	1	.....
Baylor University Hospital[a]	Dallas, Texas	H. W. Cochran	1,973	1,655	52	21	6	7/1	1-3	50.00
Methodist Hospital[a]	Dallas, Texas	J. Green	1,899	439	29	9	2	7/1	1	75.00
Parkland Hospital[a]	Dallas, Texas	L. Hudson	7,155	4,412	33	15	6	7/1	1-3	50.00
St. Paul's Hospital[a]	Dallas, Texas	O. W. Gibbons	4,367	1,603	45	2	5	7/1	1-3	100.00
Harris Memorial Methodist Hospital[a]	Fort Worth, Texas	T. H. Thomason	1,148	.....	15	4	2	7/1	1-3	100.00
John Sealy Hospital (Univ. Texas Medical Branch)[a]	Galveston, Texas	R. M. Moore	1,322	4,260	43	22	9	.....	1-3	50.00
Harmann Hospital[a]	Houston, Texas	G. Waldran	1,321	1,301	38	19	3	.....	1-3	50.00
Jefferson Davis Hospital[a]	Houston, Texas	J. H. Wooters	1,651	2,902	85	18	4	7/1	1-3	50.00
Memorial Hospital[a]	Houston, Texas	L. E. Williford	5,319	.....	150	16	6	.....	1	.....
Methodist Hospital[a]	Houston, Texas	.....	776	95	12	5	2	.....	1-3	.....
St. Joseph Infirmary	Houston, Texas	J. P. Barnes	2,087	8,330	38	13	3	.....	1-3	150.00
Southern Pacific Hospital	Houston, Texas	J. R. Gandy	507	5,330	4	1	2	.....	1-5	125.00
Scott and White Hospital[a]	Temple, Texas	A. C. Scott and G. V. Brindley	3,174	.....	44	24	17	Varies	2-3	150.00
Wichita Falls Clinic-Hospital[a]	Wichita Falls, Texas	W. E. Crump	713	.....	9	5	1	7/1	1	150.00
Dr. W. H. Groves Latter-Day Saints Hospital[a]	Salt Lake City	A. M. Okelberry	5,918	.....	118	45	3	7/1	1-3	100.00

Hospital and other references will be found on page 89

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25. SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend ($/Month)
†Holy Cross Hospital[a]	Salt Lake City		1,859	.....	26	9	3	1/1, 7/1	1-3	$125.00
St. Mark's Hospital[a,f]	Salt Lake City	R. J. Alexander	1,680	.....	43	8	1	7/1	1-5	100.00
Salt Lake General Hospital[a,t]	Salt Lake City	P. B. Price	862	5,772	61	34	5	7/1	1-4	50.00
Bishop DeGoesbriand Hospital[a]	Burlington, Vt.	A. Gladstone	919	348	5	5	1	.....	1	.....
Mary Fletcher Hospital[a]	Burlington, Vt.	A. G. Mackay	1,844	361	24	14	4	7/1	3	100.00
Alexandria Hospital[a,t]	Alexandria, Va.	C. L. Fifer	2,253	.....	21	7	2	7/1	1-2	100.00
Arlington Hospital	Arlington, Va.	N. Belt	512	.....	10	7	1	7/1	1	150.00
University of Virginia Hospital[a,t]	Charlottesville, Va.	E. P. Lehman	2,486	9,119	80	22	10	7/1	1-4	75.00
Chesapeake and Ohio Hospital[a]	Clifton Forge, Va.	J. M. Emmett	3,067	5,200	23	13	3	.....	1-2	.....
De Paul Hospital[a,t]	Norfolk, Va.	C. C. Smith	2,932	1,104	60	34	3	7/1	1	75.00
Norfolk General Hospital[a]	Norfolk, Va.	J. Gwathmey	3,592	3,032	36	11	7	7/1	1-3	75.00
Johnston-Willis Hospital[a]	Richmond, Va.	F. S. Johns	3,410	.....	34	17	3	7/1	1	100.00
Medical College of Virginia, Hosp. Div.[a,t]	Richmond, Va.	I. A. Bigger	2,765	3,056	104	54	9	7/1	1	46.50
Jefferson Hospital[a]	Roanoke, Va.	H. H. Trout	2,803	3,710	25	10	3	1/1	1-2	.....
Doctors Hospital[a]	Seattle	D. V. Trueblood	3,706	.....	69	37	1	7/1	1	100.00
King County Hospital[a]	Seattle	H. N. Harkins	3,133	7,621	172	49	8	7/1	1-3	125.00
Providence Hospital[a]	Seattle	R. L. Zech	1,503	371	14	5	2	7/1	1	100.00
Swedish Hospital[a]	Seattle	R. H. Lee	1,540	.....	14	10	1	8/1	1	100.00
Virginia Mason Hospital[a]	Seattle	J. W. Baker	1,124	.....	18	15	7	.....	3	75.00
St. Luke's Hospital[a,t]	Spokane	J. G. Matthews	3,404	145	50	22	1	.....	1	125.00
Northern Permanente Hospital[a,t]	Vancouver, Wash.	N. W. Frink	819	1,692	6	4	1	7/1	1	150.00
Beckley Hospital	Beckley, W. Va.	C. E. Davis, Jr.	2,408	15,735	38	18	4	1/1, 7/1	1-3	150.00
Charleston General Hospital[a,t]	Charleston, W. Va.	J. E. Cannaday and H. A. Bailey	2,356	2,383	33	15	3	7/1	1-3	125.00
Chesapeake and Ohio Hospital[a]	Huntington, W. Va.	R. J. Wilkinson	1,580[b]	7,847[b]	...	...	2	.....	1-3	.....
St. Mary's Hospital[a]	Huntington, W. Va.	J. R. Brown	1,556	2,291	69	22	3	7/1	3	100.00
Laird Memorial Hospital[a]	Montgomery, W. Va.	W. R. Laird	2,625	11,058	51	25	3	7/1	2-3	150.00
St. Joseph Hospital[a]	Parkersburg, W. Va.	W. L. Harris	2,518	.....	30	12	2	7/1	1-3	150.00
Myers Clinic Hospital[a]	Philippi, W. Va.	H. C. Myers	...	.....	...	...	2	7/1	1-3	250.00
La Crosse Lutheran Hospital[a,t]	La Crosse, Wis.	S. B. Gundersen	1,888	384	21	10	1	7/1	1	100.00
Madison General Hospital[a]	Madison, Wis.	H. L. Greene	1,335	.....	37	21	2	7/1	1-3	50.00
St. Mary's Hospital[a,t]	Madison, Wis.	L. Dean	1,950	.....	38	16	2	7/1	1	100.00
State of Wisconsin General Hospital[a,t]	Madison, Wis.	E. R. Schmidt	2,214	3,673	104	91	11	7/1	3	25.00
Columbia Hospital[a]	Milwaukee	F. Raine	1,471	.....	10	4	2	7/1	3	50.00
Evangelical Deaconess Hospital[a]	Milwaukee	E. Mensing	...	.....	...	...	1	7/1	1-2	125.00
Milwaukee Children's Hospital	Milwaukee	A. A. Schaefer	.....	.....	21	14	1	.....	1	.....
Milwaukee County Hospital[a,t]	Milwaukee	C. F. Conroy	3,565	13,067	78	13	12	Varies	1-3	82.26
Milwaukee Hospital[a]	Milwaukee	T. S. O'Malley	2,718	.....	39	24	5	7/1	3	70.00
Mount Sinai Hospital[a]	Milwaukee	D. V. Elcomin	4,577	391	23	11	3	7/1	1-3	75.00
St. Joseph's Hospital[a]	Milwaukee	F. Stratton	5,698[b]	.....	...	...	3	.....	3	75.00
St. Luke's Hospital[a,t]	Milwaukee	H. J. Gramling	.....	.....	...	...	1	.....	1	.....
St. Mary's Hospital[a]	Milwaukee	D. Witte	.....	.....	...	...	1	.....	1	.....
Queen's Hospital[a,t]	Honolulu, Hawaii	J. E. Strode	1,406	.....	20	11	7	7/1, 10/1	1-3	100.00

26. THORACIC SURGERY

Hospitals, 41; Assistant Residencies and Residencies, 107

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend ($/Month)
United States Army										
Fitzsimons General Hospital[a]	Denver	J. H. Forsee	587	2,375	11	10	5	1/1	1-3	n
Walter Reed General Hospital[a]	Washington, D. C.	J. S. Paul	130	244	5	5	2	1/1, 7/1	1-3	n
United States Navy										
U. S. Naval Hospital	Corona, Calif.		...	...	...	...	2	.....	1	n
Veterans Administration										
†Veterans Admin. Hospital	San Fernando, Calif.	J. B. Chandler	2,125	2,458	73	21	1	.....	1	$275.00
†Veterans Admin. Hospital	Van Nuys, Calif.	J. A. Weinberg	103	309	...	...	1	1/1, 7/1	1-4	275.00
†Veterans Admin. Hospital	Chamblee, Ga.	R. T. Shields	180	.....	30	20	1	7/1	1-3	275.00
Veterans Admin. Hospital	Hines, Ill.	Head	96	.....	7	6	4	.....	1-3	275.00
†Veterans Admin. Hospital	Castle Point, N. Y.	G. L. Birnbaum	58	.....	2	...	1	.....	1	275.00
Veterans Admin. Hospital	New York City	P. Sauer	153	.....	11	6	3	1/1, 7/1	1-3	275.00
Veterans Admin. Hospital	Oteen, N. C.	J. D. Murphy	497	240	25	12	4	9/1	2	275.00
†Veterans Admin. Hospital	Brecksville, Ohio	E. Kay	(See Pulmonary Diseases)				1	.....	1	275.00
†Veterans Admin. Hospital	Memphis, Tenn.	F. A. Hughes	134	.....	3	3	1	7/1	1-3	275.00
†Veterans Admin. Hospital	Legion, Texas	H. T. Ivey	940	.....	92	16	2	1/1, 7/1	1-2	275.00
Veterans Admin. Hospital	McKinney, Texas		...	.....	...	...	2	.....	1	275.00
†Veterans Admin. Hospital	Richmond, Va.	F. P. Coleman	437	.....	11	9	2	.....	1-3	275.00
Nonfederal										
Highland-Alameda County Hospital[a]	Oakland, Calif.	P. Samson	...	.....	...	...	1	7/1	1-3	130.00
Olive View Sanatorium[t]	Olive View, Calif.	J. Skillen	245	.....	...	...	3	.....	1	375.00
†National Jewish Hospital[a]	Denver, Colo.	J. B. Grow	254	4,781	20	15	1	7/1	1-2	.....
Norwich State Tuberculosis Sanatorium (Uncas-on-Thames)	Norwich, Conn.		...	.....	...	...	2	.....	1	.....
†University Hospital[a]	Augusta, Ga.	R. Major	86	.....	3	2	2	7/1	1	200.00
City of Chicago Municipal Tuberculosis Hospital	Chicago		456	.....	...	...	2	.....	1	.....
Boston Sanatorium	Boston	J. Strieder	...	.....	...	...	2	.....	1	150.00
University Hospital[a]	Ann Arbor, Mich.	J. Alexander	521	1,322	15	...	6	7/1	1-3	111.40
Herman Kiefer Hospital[t]	Detroit	E. J. O'Brien	...	.....	...	...	3	7/1	2	350.00
Mississippi State Tuberculosis Sanatorium[t]	Sanatorium, Miss.	L. R. Reid	102	112	...	...	1	.....	1	.....
Barnes Hospital[a]	St. Louis	E. A. Graham	488	.....	28	23	2	7/1	1-3	25.00
Berthold S. Polak Hospital for Chest Diseases	Jersey City, N. J.	F. Bortone	...	.....	...	...	2	.....	2	.....
Kings County Hospital[a]	Brooklyn, N. Y.	E. Rochberg	340	579	27	15	1	7/1	1	100.00
Edward J. Meyer Memorial Hospital[a,t]	Buffalo	J. D. Stewart	1,431	2,766	192	104	11	.....	3	100.00
Herman M. Biggs Memorial Hospital[t]	Ithaca, N. Y.	R. Deughaa	170	.....	...	...	2	.....	1	.....
Triboro Hospital[a]	Jamaica, N. Y.	D. A. Multvihill	...	.....	14	2	6	.....	1	70.00
Mount Morris Tuberculosis Hospital	Mount Morris, N. Y.		83	.....	...	...	1	.....	1	.....
Bellevue Hospital, Div. I—Columbia Univ.[a,t]	New York City	F. B. Berry	(See Pulmonary Diseases)				4	1/1, 7/1	1½	70.00
Metropolitan Hospital[a,t]	New York City	S. A. Thompson	20	2,664	18	...	3	7/1	1	120.00
Homer Folks Tuberculosis Hospital	Oneonta, N. Y.	A. M. Skinner	123	18	5	4	2	10/1	1	250.00
Ray Brook State Tuberculosis Hospital	Ray Brook, N. Y.	J. Gordon	133	.....	...	...	3	Varies	1-2	230.00
Sea View Hospital[t]	Staten Island, N. Y.	L. R. Davidson	304	.....	11	4	7	1/1, 7/1	2	45.00

Numerical and other references will be found on page 89

26. THORACIC SURGERY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
North Carolina Baptist Hospital	Winston-Salem, N. C.	H. H. Bradshaw	120	126	22	18	2	.....	1	.....
City Hospital a[4]	Cleveland	S. O. Freedlander	.....	.....	...	...	1	7/1	1-4	$100.00
University of Oregon Medical School Hospitals and Clinics a[4]	Portland, Ore.	W. S. Conklin	212	6,205	10	7	4	7/1	3	75.00
Muirdale Sanatorium	Milwaukee	J. Steele	(See Pulmonary Diseases)				2	varies	1-2	.....

27. UROLOGY

The following services are approved by the Council and the American Board of Urology
(See footnotes 1, 2 and 3 for number of years credit)
Hospitals, 1/7, Assistant Residencies and Residencies, 4/7

Name of Hospital	Location	Chief of Service	Inpatients Treated[a]	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Residencies Offered[a]	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
United States Army										
Letterman General Hospital a[2]	San Francisco	J. W. Schwartz	430	3,019	4	6	2	1/1	1-2	*
Walter Reed General Hospital a[3]	Washington, D. C.	J. C. Kimbrough	503	2,409	10	10	3	1/1	1-3	*
†Brooke General Hospital a[3]	San Antonio, Texas	G. R. Hamilton	778	7,456	6	6	5	1/1	1-3	*
†Madigan General Hospital a[2]	Fort Lewis, Wash.	.....	.....	.....	...	...	1	.....	1-2	*
†Gorgas Hospital a[2]	Ancon, C. Z.	G. R. Wright	633	3,107	10	7	3	1/1	1-2	*
United States Navy										
U. S. Naval Hospital a[3]	Long Beach, Calif.	L. A. Newton	806	1,546	4	4	1	Varies	1-3	*
U. S. Naval Hospital a[3]	Oakland, Calif.	L. R. Reynolds	826	.....	18	14	1	.....	1-3	*
U. S. Naval Hospital a[3]	San Diego, Calif.	J. S. Hanten	842	4,700	12	12	2	Varies	1-3	*
U. S. Naval Hospital a[3]	Bethesda, Md.	H. J. Cokely	852	1,310	10	9	3	Varies	1-3	*
U. S. Naval Hospital a[3]	St. Albans, N. Y.	S. Johnson	436	.....	6	...	1	10/1	1-3	*
U. S. Naval Hospital a[3]	Philadelphia	J. W. Rogers	618	3,423	33	7	2	Varies	1+	*
	Portsmouth, Va.	.....	.....	.....	...	...	1	.....	1+	*
United States Public Health Service										
U. S. Marine Hospital a[2]	Baltimore	J. S. Haines	736	7,615	1	1	2	7/1	1-2	*
Veterans Administration										
†Veterans Admin. Center[2]	Los Angeles, Calif.	C. H. McIntyre	718	.....	38	27	4	7/1	1-3	$275.00
†Veterans Admin. Hospital[2]	San Francisco	H. M. Weyrauch	133	584	5	3	5	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Van Nuys, Calif.	J. A. Weinberg	420	740	8	6	3	1/1, 7/1	3	275.00
†Veterans Admin. Hospital[2]	Chamblee, Ga.	.....	500	.....	15	5	2	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Hines, Ill.	F. Lloyd	812	.....	53	24	7	.....	1-3	275.00
†Veterans Admin. Hospital[2]	Louisville, Ky.	M. L. Schwalbe	468	159	7	5	3	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	New Orleans, La.	J. G. Pratt	214	358	5	4	1	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Fort Howard, Md.	H. Meisel	362	.....	6	3	1	Varies	1-3	275.00
†Veterans Admin. Hospital (West Roxbury)[2]	Boston	G. Warren	358	609	3	4	2	.....	1-2	275.00
†Veterans Admin. Hospital[2]	Framingham, Mass.	E. P. Stone	139	.....	2	2	1	7/1	1-2	275.00
†Veterans Admin. Hospital[2]	Jefferson Bks, Mo.	J. Cordonnier	989	4,000	7	6	3	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	New York City	L. L. Spivack	497	940	47	17	5	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Staten Island, N. Y.	S. V. Zeisler	417	471	4	1	3	7/1	3	275.00
†Veterans Admin. Hospital[2]	Cleveland	A. M. Barone	570	100	9	4	1	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Portland, Ore.	P. B. Watkins	408	.....	4	2	1	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Aspinwall, Pa.	C. A. Kiehn	192	.....	10	6	1	7/1	1-3	275.00
†Veterans Admin. Center[2]	Columbia, S. C.	T. M. Yates	272	.....	13	5	5	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Memphis, Tenn.	F. M. Jacobs	541	171	6	5	4	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Nashville, Tenn.	H. S. Shelley	.....	.....	...	...	1	7/1	1-3	275.00
	Dallas, Texas	V. C. Alexander and K. King	252	.....	3	...	1	Varies	1-3	275.00
†Veterans Admin. Hospital[2]	McKinney, Texas	P. A. Duff	295	.....	7	4	1	7/1	1-3	275.00
†Veterans Admin. Hospital[2]	Richmond, Va.	R. C. Bunts	743	2,080	4	2	3	Varies	1-3	275.00
†Veterans Admin. Hospital[2]	Milwaukee	J. C. Sargent	305	919	12	10	3	7/1	1-3	275.00
Nonfederal										
Jefferson and Hillman Hospitals a[3]	Birmingham, Ala.	W. F. Scott	465	11,197	20	5	2	7/1	1-2	50.00
California Hospital a[2]	Los Angeles	J. J. Crane	628	.....	16	9	2	7/1	3	100.00
Los Angeles County Hospital a[2-4]	Los Angeles	J. J. Crane	2,367	10,199	185	59	5	Varies	3	165.00
†Presbyterian Hosp., Olmsted Memorial a[2]	Los Angeles	W. O. Powell	751	.....	19	6	1	9/1	2	150.00
White Memorial Hospital a[2]	Los Angeles	R. W. Barnes	1,397	5,397	23	12	3	.....	1-3	147.33
Franklin Hospital a[2]	San Francisco	F. Hinman	752	.....	8	5	3	7/1	1+	100.00
San Francisco Hospital a[2-4]	San Francisco	.....	444	.....	29	4	2	.....	1+	200.00
†Southern Pacific General Hospital a[2]	San Francisco	T. K. Gibson	442	1,050	8	2	1	7/1	1+	250.00
Stanford University Hospitals a[2-4]	San Francisco	J. R. Dillon	811	2,686	2	2	1	7/1	1-2	50.00
University of California Hospitals a[2-4]	San Francisco	F. Hinman	336	7,568	5	2	1	7/1, 8/1, 9/1	1+	50.00
†Santa Clara County Hospital a[2]	San Jose, Calif.	D. Fagerstrom	2500	4800	..	...	1	.....	1-2	180.00
University of Colorado Medical Center[2]										
Colorado General Hospital a	Denver	J. W. Philpott	791	1,868	10	9	2	1/1, 7/1	1-3	75.00
†Denver General Hospital a[2]	Denver	J. W. Philpott	334	9,798	40	9	1	1/1, 7/1	1-3	75.00
Grace-New Haven Community Hospital New Haven Unit (University Service) a[2-4]	New Haven, Conn.	C. Deming	605	2,640	22	16	1	7/1	1+	40.00
†Hospital of St. Raphael a[2]	New Haven, Conn.	L. L. Maurer	315	.....	11	1	1	7/1	1+	75.00
†Waterbury Hospital a[2]	Waterbury, Conn.	C. H. Neuswanger and H. J. Stettbacher	542	69	19	6	1	.....	2	100.00
†Freedmen's Hospital a[2]	Washington, D. C.	R. F. Jones	293	3,524	18	7	1	7/1	1-3	116.66
Gallinger Municipal Hospital a[2-4]	Washington, D. C.	W. P. Herbst	370	1,417	18	12	3	7/1	1-3	75.00
St. Vincent's Hospital a[2]	Jacksonville, Fla.	R. B. McIver	404	.....	22	16	2	7/1	1-3	100.00
Grady Memorial Hospital a[2-4]	Atlanta, Ga.	M. K. Bailey	978	6,390	33	11	6	7/1	1+	40.00
University Hospital a[2]	Augusta, Ga.	J. R. Rinker	370	599	25	2	1	7/1	1-2	40.00
†Abraian Brothers Hospital a[2]	Chicago	E. P. Hess	292	5	2	1	1	7/1	1	100.00
Cook County Hospital a[2]	Chicago	W. J. Baker	1,336	2,949	183	...	2	1/1, 7/1	1-3	37.50
†Mercy Hospital a[2]	Chicago	H. E. Landes	580	1,674	22	9	2	7/1	3	25.00
Michael Reese Hospital a[2-4]	Chicago	H. Rehnich	405	1,417	...	...	2	1/1	2	25.00
†Mount Sinai Hospital a[2]	Chicago	H. C. Rohrich	324	624	12	4	1	7/1	1+	50.00
Presbyterian Hospital a[2]	Chicago	N. J. Heckel	937	2,085	11	7	2	.....	1-3	25.00
St. Luke's Hospital a[2]	Chicago	H. Culver	643	1,379	16	9	2	7/1	1-3	25.00
University of Chicago Clinics a[2]	Chicago	C. B. Huggins	285	6,296	14	11	2	7/1	1-2	25.00
Wesley Memorial Hospital a[2-4]	Chicago	V. J. O'Conor	724	.....	7	4	2	1/1, 7/1	1-3+	25.00
†Decatur and Macon County Hospital[2]	Decatur, Ill.	A. C. Simon	2264	5,561	...	...	1	6/1	1+	100.00
†St. Francis Hospital a[2-4]	Peoria, Ill.	A. Sprenger	688	365	25	9	1	7/1	1-3	150.00
Indianapolis General Hospital a[2]	Indianapolis	E. Rupel	445	2,189	35	21	3	7/1	1-3	70.00

Numerical and other references will be found on page 89

27. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated	Outpatient Visits	Deaths	Autopsies	Asst. Res. and Fellowships Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
†Indiana University Medical Center●[3]	Indianapolis	H. O. Mertz	195	1,123	13	5	2	7/1	2-3	$ 33.33
†Methodist Hospital●[3]	Indianapolis	P. E. McCown	1,102		23	12	1	7/1	1-2	200.00
University Hospitals●[3]	Iowa City	N. G. Alcock	1,680	2,218	57	32	8	7/1	1+	50.00
†University of Kansas Hospitals●[3]	Kansas City, Kan.	N. F. Ockerblad	413	1,163	16	7	1		1+	
†St. Joseph Hospital●[2]	Lexington, Ky.	E. H. Ray	548		17	7	1	7/1	1+	90.00
Charity Hospital of Louisiana●[3]	New Orleans		2,089	14,148	102	31	11	7/1	1-3	25.00
†Foundation Hospital[3]	New Orleans	E. Burns	300	14,000		3	3	10/1	3	150.00
Touro Infirmary●[2]	New Orleans	W. A. Reed	662	2,723	12	8	1	7/1	1+	17.50
Johns Hopkins Hospital●[3]	Baltimore	W. W. Scott	1,018	3,979	29	17	5		1+	
†Sinai Hospital●[3]	Baltimore	L. M. Goldstein	443		26	15	3	7/1	1-4	25.00
Beth Israel Hospital●[2]	Boston	E. G. Crabtree	360	1,876			1	6/1	1+	41.66
Boston City Hospital●[3]	Boston	G. C. Prather	457	7,359	26	7	3		1+	66.67
Lahey Clinic[3]	Boston	E. E. Ewert	550b	9,600b	10	6	3	Varies	1-3	125.00
Massachusetts General Hospital●[2]	Boston	J. H. Colby	434b	7,327b	27	22	3		1-3	41.67
Massachusetts Memorial Hospitals●[3]	Boston	S. N. Vose		1,324	10	7	3	1/1	1+	50.00
Peter Bent Brigham Hospital●[3]	Boston	J. H. Harrison	350b	3,000b			2		1-3	
†Worcester City Hospital●[2]	Worcester, Mass.	L. M. Felton	494	2,626	47	11	2	7/1	1-2	50.00
University Hospital●[3]	Ann Arbor, Mich.	R. Nesbit	1,079	7,353	31	17	3	7/1	1+	111.10
City of Detroit Receiving Hospital●[3]	Detroit	F. C. Cole	757	3,104	36	12	2	7/1	1+	167.00
Grace Hospital●[2]	Detroit	L. W. Hull	815	530	17	7	2	7/1	1-3	75.00
Harper Hospital●[2-3]	Detroit	F. H. Cole	1,031	1,242			3	7/1	1+	118.00
Henry Ford Hospital●[2-3]	Detroit	J. K. Ormond	611	14,910	12	7	3	7/1	1-3	200.00
Wayne County General Hospital and Infirmary●[2-3]	Eloise, Mich.	W. L. Sherman	884	1,991	99	33	2	7/1	1+	216.25
Minneapolis General Hospital●[2]	Minneapolis	T. H. Sweetser	311	2,549	16	9	1	1/1, 7/1	1-3	115.00
†St. Mary's Hospital●[2]	Minneapolis	F. H. Sweetser	423		9	6	1		3	
University Hospitals●[2-3]	Minneapolis	C. D. Creevy	522	1,952	15	12	5	7/1	1-3	115.00
Mayo Foundation[3]	Rochester, Minn.	G. J. Thompson	(See page 89)				12		1-3	
Ancker Hospital●[2]	St. Paul	F. E. B. Foley	294	1,370	42	31	1	7/1	1	91.50
Charles T. Miller Hospital●[2]	St. Paul	F. E. B. Foley	644	3,191	12	10	1	7/1	1-3	115.00
Kansas City General Hospital No. 1●[2]	Kansas City, Mo.	I. S. Brown	492	1,979	33	23	1	7/1	1-2	50.00
Research Hospital●[2]	Kansas City, Mo.	R. L. Hoffman	526	19	13	11	2	7/1	1-3	100.00
†Barnes Hospital●[2]	St. Louis	D. K. Rose	877	3,155	17	13	1	7/1	1-5	25.00
Homer G. Phillips Hospital●[2]	St. Louis	R. Deakins	692	3,184	30	6	2	7/1	1+	50.00
St. Louis City Hospital●[2-3]	St. Louis	G. Carroll	514	1,708	72	37	3	7/1	1+	95.00
St. Mary's Group of Hospitals●[2]	St. Louis	C. E. Burford	614	2,488	22	10	2	Varies	3	35.00
Atlantic City Hospital●[2]	Atlantic City, N. J.	C. H. De T. Shivers	370	3,161	5	2	1	6/1	1-2	
Bayonne Hospital and Dispensary●[2]	Bayonne, N. J.	S. R. Woodruff	548	387	2	1	1	7/1	1+	
†Cooper Hospital●[2]	Camden, N. J.	D. F. Bentley	285	5,482	23	12	1	7/1	2	100.00
Jersey City Hospital●[2]	Jersey City, N. J.	E. J. Daly	501	3,224	43	10	2	Varies	1-3	35.00
Newark City Hospital●[2]	Newark, N. J.	C. R. O'Crowley	850b				1		2	30.00
Albany Hospital●[2]	Albany, N. Y.	J. E. Heslin	742	1,016	32	14	2	7/1	1+	41.66
Kings County Hospital●[2]	Brooklyn	F. Senger	1,860	3,891	177	21	2	7/1	3	50.00
Long Island College Hospital●[2]	Brooklyn	F. L. Senger	654	2,798	16	6	3	7/1	3	25.00
Buffalo General Hospital●[2]	Buffalo	O. J. Oberkircher	481	1,383	17	5	1	7/1	1-3	25.00
Edward J. Meyer Memorial Hospital●[2-3]	Buffalo	E. M. Watson	443	2,600	48	19	2	7/1	3	100.00
†Millard Fillmore Hospital●[2]	Buffalo	E. Brodie	545		14	7	3		1-4	50.00
Queens General Hospital●[2-3]	Jamaica, N. Y.	F. G. Riley	925	2,562	83	49	4	7/1	3	70.00
Bellevue Hospital, Div. II—Cornell Univ.●[2-3]	New York City	R. S. Hotchkiss	1,167b	9,315b	37b	13b	4	7/1	3	45.00
†Beth Israel Hospital●[2-3]	New York City	S. S. Wilhelm	688	1,992	21	6	3	7/1	1-3	50.00
Metropolitan Hospital●[2]	New York City	S. Carleton	342	2,934	38	8	1	11/1	1	120.00
Morrisania City Hospital●[2-3]	New York City	J. Duff	678	2,363	22	10	5	7/1	3	60.00
†Mount Sinai Hospital●[2]	New York City	L. Edelman		4,797b			2	1/1, 7/1	1-2	50.00
New York City Hospital●[2]	New York City	J. H. Morrissey	253	2,262	42	22	2	7/1	1	120.00
New York Hospital●[2-3]	New York City	O. S. Lowsley V. F. Marshall	341	70,578	4		3	7/1	1-3	25.00
			608	56,944	10	5	3	7/1	1-4	25.00
New York Polyclinic Medical School and Hospital●[3]	New York City	J. F. McCarthy	486	1,259	8	1	2	7/1	2	25.00
New York Post-Graduate Medical School and Hospital●[3]	New York City	C. G. Bandler	499	3,661	6	2	2	7/1	2	
Presbyterian Hospital●[2-3]	New York City	G. F. Cahill	1,205	10,220	31		6		1-3	41.66
Roosevelt Hospital●[2]	New York City	S. A. Bessler	494	3,492	12	3	2	7/1	1-2	66.67
St. Luke's Hospital●[2]	New York City	G. F. Hoch	522	3,077	20	7	1	Varies	1-3	50.00
Strong Memorial—Rochester Municipal Hospitals●[2-3]	Rochester, N. Y.	W. W. Scott	1,374	12,381			3	7/1	1-4	41.66
Sea View Hospital●[2]	Staten Island, N. Y.	A. Greenberger	124		6	1	2	1/1, 7/1	1	45.00
Charlotte Memorial Hospital●[2-3]	Charlotte, N. C.	J. Nowlin	1,309	119	16	6	2	7/1	1-3	75.00
Duke Hospital●[2-3]	Durham, N. C.	E. P. Alyea	482	4,306	12	7	4	7/1	1+	83.33
Watts Hospital●[2]	Durham, N. C.	W. M. Coppridge	481	183	12	9	2	7/1	1-2	50.00
North Carolina Baptist Hospital●[2-3]	Winston-Salem, N. C.	P. K. Garvey	484	1,271	13	5	2		1+	
City Hospital●[2-3]	Cleveland	C. Brunner	844	2,800	39		2	7/1	1-3	70.00
Cleveland Clinic Foundation Hospital[3]	Cleveland	W. E. Lower	1,147	20,900	21	7	5	7/1	1-3	100.00
University Hospitals●[2]	Cleveland	J. J. Jordon	944	4,781	14		3	7/1	1+	25.00
Starling-Loving University Hospital●[2-3]	Columbus, Ohio	W. N. Taylor	524	743	34	21	2	7/1	1-3	50.00
St. Vincent's Hospital●[2]	Portland, Ore.	P. J. Dolan	242		18	12	2	7/1	1-3	100.00
University Hospitals●[2]	Oklahoma City	B. A. Hayes	187	2,096	18	5	1	7/1	1-2	35.00
†St. Vincent's Hospital	Portland, Ore.	J. R. Hand	696		17	8	1	7/1	1	None
University of Oregon Medical School Hospitals and Clinics●[2-3]	Portland, Ore.	J. R. Hand	258	2,687	24	13	3	7/1	3	75.00
†Allentown Hospital●[2]	Allentown, Pa.	W. C. Massenheimer	887	251	20	7	1	7/1	2	100.00
George F. Geisinger Memorial Hospital●[2]	Danville, Pa.	W. I. Burbert	679	7,655	15	6	2	7/1	1-2	75.00
St. Vincent's Hospital●[2]	Erie, Pa.	F. Hess	1,420	4,152	33	14	3	7/1	3	50.00
†Harrisburg Hospital●[2]	Harrisburg, Pa.	R. L. Grossman	596	3,668	47	2	1	7/1	1-2	100.00
†Episcopal Hospital●[2]	Philadelphia	G. E. Shoop	251	1,497	17		1	1/1, 7/1	2+	50.00
Graduate Hospital of the Univ. of Pa.●[2]	Philadelphia	J. C. Birdsall	177	2,117	4	2	1	7/1	1-2	
†Hahnemann Hospital●[2]	Philadelphia	F. W. Campbell	506		3	3	1		1-3	50.00
Hospital of the Univ. of Pennsylvania●[2]	Philadelphia	P. B. Hughes	798	2,440	7	5	3	Varies	2-3	100.00
Jefferson Medical College Hospital●[2]	Philadelphia	D. M. Davis	858b	6,032	18	10	3		1+	
†Lankenau Hospital●[2]	Philadelphia	C. A. W. Uhle	291	621	7	3	1	7/1	1-3	50.00
†Mount Sinai Hospital●[2]	Philadelphia	M. Muschat and J. J. Carp	261	310	7	4	1	7/1	1	50.00
Pennsylvania Hospital●[2]	Philadelphia	L. Herman	678	4,127	13	5	2	7/1, 11/1	1-3	70.00
†Philadelphia General Hospital●[2]	Philadelphia	E. A. Mullen	299	1,058	70		3		1-3	70.00
Presbyterian Hospital●[2-3]	Philadelphia	J. Birdsall					1		2	50.00
†Temple University Hospital●[2]	Philadelphia	K. B. Conger	194	2,592	8	5	1	7/1	3	50.00
Mercy Hospital●[2]	Pittsburgh	E. J. McCague	501	583	8	5	1	9/1	1-3	100.00
†University of Pittsburgh Medical Center●[2]	Pittsburgh	J. J. Lee	537		8	3	2		1-5	41.67
†Robert Packer Hospital●[2]	Sayre, Pa.	W. Bourys	534	1,800	9	6	1	7/1	1-3	150.00
†Uniontown Hospital●[2]	Uniontown, Pa.	R. P. Beatty	350	3,000	15	5	1	4/1	1	125.00

Numerical and other references will be found on page 89

27. UROLOGY—Continued

Name of Hospital	Location	Chief of Service	Inpatients Treated[4]	Outpatient Visits	Deaths	Autopsies	Asst., Res. and Fellowship Offered	Beginning of Service (1948)	Length of Service Offered (Years)	Beginning Stipend (Month)
Mercy Hospital a[1]	Wilkes-Barre, Pa.	P. P. Maycock	345	915	17	7	1	10/1	1	$ 50.00
†Roper Hospital a[1]	Charleston, S. C.	J. J. Ravenel	527	1,337	15	3	1	7/1	1-4	25.00
†Tri-County Hospital[1]	Orangeburg, S. C.	L. P. Thackston	1,009	4,503	12	8	1	7/1	1-4	150.00
†John Gaston Hospital a[1]	Memphis, Tenn.	T. D. Moore	596	8,004	30	15	3	7/1	1	.....
†St. Joseph Hospital a[1]	Memphis, Tenn.	G. Livermore	450	128	17	10	1	7/1	1-3	100.00
Parkland Hospital a[1]	Dallas, Texas	K. King	400	2,986	15	6	3	7/1	1-3	50.00
John Sealy Hospital (University of Texas Medical Branch) a[1]	Galveston, Texas	R. E. Cone	337	3,758	8	3	3	.....	1-3	50.00
†Hermann Hospital a[1]	Houston, Texas	C. M. Crigler	731	1,745	14	7	1	.....	1+	50.00
†Mary Fletcher Hospital a[1-2]	Burlington, Vt.	W. M. Plaut	442	1,100	21	14	2	7/1	3	100.00
University of Virginia Hospital a[1]	Charlottesville, Va.	S. A. Yeet	621	3,316	18	7	4	7/1	1-4	60.00
Medical College of Virginia Hosp. Div. a[1]	Richmond, Va.	A. I. Dodson	579	2,971	25	7	4	7/1	1	46.50
†St. Mary's Hospital a[1]	Huntington, W. Va.	R. M. Bobbitt	672	3,000	36	8	1	7/1	3	100.00
†La Crosse Lutheran Hospital a[1]	La Crosse, Wis.	A. H. Gunderson	231	4	8	2	1	7/1	1	100.00
†Madison General Hospital a[1]	Madison, Wis.	I. Bish	615	.....	24	8	1	7/1	3	50.00
State of Wisconsin General Hospital a[1]	Madison, Wis.	I. R. Bish	500	.....	25	19	4	7/1	3	25.00
Milwaukee County Hospital a[2-1]	Milwaukee	R. E. Stockinger	481	2,450	37	...	2	Varies	1-3	82.26

Mayo Foundation Fellowships—The Mayo Foundation for Medical Education and Research, Rochester, Minn.; three-year fellowships beginning quarterly leading to the degree of M.S. or Ph.D. with field named from the University of Minnesota; in Anesthesia, Dermatology and Syphilology, Internal Medicine, Neurology and Psychiatry, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine, Plastic Surgery, Proctology, Radiology, Surgery, Urology; stipend $1,110 per year, (clinical fellowships including pathology and radiology—tentative estimate, 400). Address applications to The Mayo Foundation, Rochester, Minn.

NUMERICAL AND OTHER REFERENCES USED IN TABLES OF APPROVED RESIDENCIES AND FELLOWSHIPS

a. Compensation arranged by medical school and hospital.
b. As reported in previous list.
c. In lieu of maintenance.
d. Residency in epilepsy.
e. Obstetrical training at Herman Kiefer Hospital, Detroit.
f. Training in gynecology at City of Detroit Receiving Hospital.
g. Assignment in psychosomatic medicine also available.
h. Fellowship offered in affiliation with Northwestern University Medical School, St. Luke's Hospital and Wesley Memorial Hospital, Chicago.
j. Outpatient and home delivery service only.
k. Training in gynecology at Barnes Hospital, St. Louis.
m. In affiliation with Cincinnati General Hospital.
n. Salary established by government pay tables.
½ Approved by the Board as offering satisfactory six months training.
1. Approved by the Board as offering satisfactory one year training.
1½. Approved by the Board as offering satisfactory eighteen months training.
2. Approved by the Board as offering satisfactory two year training.
3½. Approved by the Board as offering satisfactory thirty months training.
3. Approved by the Board as offering satisfactory three year training.
4. Residencies open to women.
5. Clinical data includes psychiatry.
6. Inpatients: Data refers to total inpatients treated in specialty. Obstetrical admissions do not include newborn. In anesthesiology, general residency and pathology total hospital admissions are used.
7. Clinical data includes neurology.
8. Includes fellowships.
9. Affiliated with Northwest Clinic, Minot.
10. Includes acceptable affiliate assignment at Urologic Clinic, Philadelphia.
11. Includes affiliate service at South Bend Medical Laboratory, St. Joseph Hospital, South Bend; Elkhart General Hospital, Elkhart and St. Joseph's Hospital, Mishawaka, Indiana.
12. Represents training acceptable to Board in (1) radiology, (2) roentgenology, (3) therapeutic radiology, (4) diagnostic roentgenology.
13. Affiliated with North Carolina Orthopedic Hospital, Gastonia and Georgia Warm Springs Foundation, Warm Springs, Ga.
14. Type of training acceptable to Board: A—adult orthopedics; C—children's orthopedics; F—fractures; S—basic sciences.
15. Includes affiliate service at Emory University.
16. Affiliated with Genesee Hospital.
17. Acceptable affiliations at Norton Memorial Infirmary and Veterans Administration Hospital, Louisville.
18. Affiliated with Sea View Hospital and St. Vincent's Hospital, Staten Island.
19. Training will also be carried out at DeKalb Public Hospital and St. Mary's Hospital, DeKalb, Ill.
20. Part of three year program offered by Harper, City of Detroit Receiving and Children's Hospitals in affiliation with Wayne University.
21. In affiliation with Johns Hopkins Hospital, Baltimore.
22. Approved for training in syphilology only.
23. Affiliated with Medical School of the University of Vermont, to include assignment at Bishop De Goesbriand Hospital.
24. Affiliated with Free Hospital for Women, Brookline, Mass.
25. In affiliation with Hartford Hospital, Hartford, Conn.
26. In affiliation with Good Samaritan and St. Vincent's Hospitals, Portland.
27. Includes affiliated service at St. Francis Hospital, Wichita, Kans. and Children's Mercy Hospital, Kansas City, Mo.
28. Apply: Office of Graduate Medical Education, University of Colorado Medical Center.
29. Includes affiliated service at Lakeville State Sanatorium, Middleboro, Mass.
30. Training program under the sponsorship of the University of Washington School of Medicine, Seattle.
31. Includes Stanford University Division—F1½; University of California Division—AF 1½.
32. Includes affiliated service at Milwaukee Children's Hospital.
* Indicates hospitals approved for training interns.
† Indicates temporary approval.

Numerical and other references will be found on this page.

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SATURDAY, MAY 1, 1948

EDITORIAL ANNOUNCEMENT

The absence of the compositors from their work continues. This issue of THE JOURNAL has been prepared in part by the use of Vari-Typer machines.

ANNUAL REPORT ON INTERNSHIPS AND RESIDENCIES

The annual internship and residency report of the Council on Medical Education and Hospitals previously published in August of each year is now for the first time presented in a special Internship and Residency Number of THE JOURNAL. This change has been made so that information on educational services may be available at an earlier date to those seeking internship and residency appointments for 1949.

The report lists 807 hospitals approved for intern training which offer at present a total of 9,118 internships. An innovation in connection with this list is the identification of hospitals that are affiliated with medical schools for undergraduate clinical clerkships. This information should be of considerable interest to prospective interns.

Once again a significant increase in the number of residencies approved by the Council on Medical Education and Hospitals has been recorded. The present number of residencies in 1,102 approved hospitals is 15,172 as compared with 5,256 in 1941 and 1,776 in 1927, when the first residency list was prepared by the Council. Thus in a period of twenty years the residencies approved by the American Medical Association have increased nearly ninefold. The greatest expansion, however, has occurred in the last seven years in order to meet the accumulated needs of the wartime period. Both federal and nonfederal hospitals have participated generously in the development of new residency training programs. The nonfederal hospitals can at the present time accommodate 12,402 resident physicians, while the hospitals of the Army, Navy, U.S. Public Health Service and Veterans Administration provide facilities for 2,770.

The greatest number of residencies, 2,977 in all, is in the field of general surgery, whereas internal medicine reports a total of 2,880 not counting the residencies available in the related divisions of allergy, cardiovascular disease, gastroenterology and pulmonary diseases. Psychiatry has 1,518 residencies, obstetrics and gynecology 1,145, radiology 933, pathology 794, pediatrics 791, orthopedic surgery 718, anesthesiology 487 and urology 407. Other divisions represented in the lists of Approved Residencies and Fellowships likewise show a decided increase in the number of residencies available as compared with previous reports.

Although the number of residencies have increased by nearly 200 per cent since 1941, there is not yet any clear indication that a saturation point will soon be reached. Apparently the number of requests for residency approval is beginning to diminish, yet new applications are still being received by the Council on Medical Education and Hospitals at the rate of approximately two a day.

Applications for residency approval are reviewed in collaboration with the respective specialty boards, all of which cooperate with the Council in the evaluation of educational programs. Under this cooperative plan all residencies approved by the American Medical Association are likewise acceptable to the specialty boards in their respective fields.

THE SUPPLY AND DISTRIBUTION OF INTERNS

The analysis of current trends in the supply and distribution of interns presented in the Annual Report of Approved Internships and Residencies, prepared by the Council on Medical Education and Hospitals and published in this issue of THE JOURNAL, should interest all who administer or participate in internship programs.

The primary purpose of internship is to provide additional educational experience for the recent medical school graduate. However, the value of the service that an intern contributes to a hospital has become so widely appreciated that more and more hospitals have undertaken to develop approved internship programs, often at considerable expense. As a

consequence, the ratio of the number of available internships to the number of interns seeking appointments has been completely reversed during the past thirty years. From a period when only a few of the larger metropolitan hospitals offered a limited number of internships and when only a fortunate few could obtain such training, the number of internships has gradually increased to the point where almost 2,000 internships remain unfilled each year.

Until the beginning of World War II a fairly satisfactory balance was maintained between the number of internships and the number of interns available. In 1939 almost 80 per cent of the approved hospitals had their full complement of interns. In contrast, during the current year only 33 per cent of the hospitals have obtained their full number of interns while 25 per cent have less than half their internships filled. One half of this latter group, or 12.5 per cent of all the approved hospitals, report that they have been unable to secure any interns during the past year, although the majority do have residents.

The detailed breakdown of the current distribution of interns reveals that the large hospitals and those institutions affiliated with medical schools are most successful in attracting interns. Least successful are the small nonteaching hospitals. These results are not surprising, since interns will usually seek appointments in those hospitals that give promise of offering the best educational experience as judged by the quantity and diversity of clinical material available and by the quality of the supervision provided. Confirmation of the belief that the opportunity for training rather than other considerations is the factor that influences interns most in the choice of a hospital is found in the fact that internship vacancies are considerably higher in those hospitals offering large stipends than in those that do not offer a stipend.

The problem of how to maintain a balance between the number of interns and the number of internships available is not easy to solve, particularly at this time when the effect of the war on the pattern of the supply and distribution of interns has not been entirely removed. Any attempt to accomplish a more even distribution of the available supply of interns by establishing quotas would be difficult, if not impossible, to enforce. Further, it would have the undesirable feature of denying interns the right to seek appointments in the hospitals with better educational programs up to the capacity of such hospitals to train interns effectively. Such a policy would be definitely contrary to the purpose and philosophy that underlies the internship.

Another possible solution would be arbitrary limitation of the number of hospitals that could be approved for internships at any one time. This type of quota would be distasteful because it would discourage free enterprise and competition among hospitals.

The time is probably not yet ripe to attempt any radical solution; eventually the problem may correct itself. For the first time in seven years, none of the current group of first year interns are under obligation to enter military service on the completion of one year or less of internship. Presumably some of these men will seek a second year of internship or its equivalent, the general residency. More hospitals than have done so already may be expected to return in the next year or so to their prewar policy of offering internships of more than one year's duration. Such a development would lead to a decrease in the total annual demand for interns. Finally, hospitals that persistently fail to secure interns will have to face the fact that for one reason or another they are unable to compete successfully with other hospitals in obtaining interns and that they must of necessity consider other methods for securing full time house officers.

In the present situation a hospital should not seek to initiate an internship training program unless a realistic evaluation presents convincing evidence that it will be of sufficiently high quality to constitute a real attraction to prospective interns. Hospitals with programs that meet only minimal standards will probably not be able to obtain interns, and hospitals that offer such programs will experience considerable disappointment when their internships are not sought.

THE THYROID AND VITAMIN A

Some six years after the announcement of the discovery of vitamin A, attention was called[1] to striking parallelism between the activity of vitamin A and the natural yellow color in plant sources of this food factor. Thus rutabagas, sweet potatoes and even yellow daffodils were shown to be superior in protecting experimental animals against the sequels of vitamin A deficiency than are the nonyellow varieties of the same

1. Steenbock, H.: Science 50:352, 1919.

plants. Later the yellowness was shown to be due to several hydrocarbon pigments that occur naturally in plants; alpha, beta and gamma carotene and cryptoxanthine are examples of this type of pigment which have come to be known as provitamins A. Obviously, carotene is transformed into vitamin A in the animal body, for when this pigment is fed, there results an accumulation of vitamin A. This circumstance, together with the fact that the liver is the most important site of storage of vitamin A in the body, has led to the ready assumption that the locus of transformation of carotene to vitamin A is the liver. That this view is open to question has been pointed out recently.[2] In any case, it is desirable to know the factors that influence this change.

The older clinical literature recounts repeated instances which indicate that the activity of the thyroid gland is in some way involved in the carotene-vitamin A relationship. Thus it has been demonstrated that carotene accumulates in the milk after thyroidectomy;[3] the cretin shows inability to change carotene to vitamin A;[4] carotinemia is frequently encountered in patients showing clinical and laboratory signs of hypothyroidism;[5] patients with untreated myxedema are likely to have high levels of carotene in the blood,[6] and animals treated with antithyroid drugs like thiouracil give evidence of vitamin A deficiency despite adequate amounts of carotene in the diet.[7] A recent report[8] has submitted the thesis to further experimental study; after demonstrating again the effectiveness of carotene to replace vitamin A in the ration, it was shown that after thyroidectomy carotene failed to protect against xerophthalmia, whereas preformed vitamin A did exert the expected protective action. Similarly, Johnson and Baumann[9] have demonstrated that the storage of vitamin A in the liver and kidneys is minimal when thiouracil and thiourea are present in the diet with carotene, but not when the vitamin itself is given. The addition of thyroxin to these diets again permits the change of carotene to vitamin A.

In postulating a mechanism for the promoting action of thyroid hormone in the change of carotene to vitamin A, the calorigenic activity of thyroxin comes to mind. However, the Wisconsin investigators[9] have shown that this action is a specific function of the thyroid, as the increased basal metabolic rate produced by 2,4-dinitrophenol did not influence the foregoing phenomenon. The significance of further definitive data on the mechanism of this influence of the thyroid is readily appreciated when one considers that a large part of the daily intake of vitamin A potency may be in the form of the precursor, carotene, and that the effects of a deficiency of this essential food factor results in severe tissue damage and widespread functional derangement.

2. Carotene and Vitamin A in the Body, editorial, J. A. M. A. 132: 287 (Oct. 5) 1946.
3. Fasold, H., and Heidemann, E. R.: Ztschr. f. d. ges. exper. med 98: 53, 1933.
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7. Canadell, J. M., and Valdecasas, F. G.: Experientia 3: 35, 1947.
8. Drill, V. A., and Truant, A. P.: Endocrinology 40: 239, 1947.
9. Johnson, B. M., and Baumann, C. A.: J. Biol. Chem. 171: 513, 1947.

CONTAMINATED DEXTROSE SOLUTION—A WARNING

On April 19 the headquarters of the American Medical Association received a wire from Dr. W.F. O'Donnell Jr. of Hazard, Ky., reporting serious reactions in 2 patients immediately following the intravenous use of 5 per cent dextrose in normal saline solution manufactured by Cutter Laboratories, Berkeley, Calif. The product bore a control number, CM 8164. The American Medical Association immediately notified the Food and Drug Administration of these facts, and a nationwide investigation by federal and state regulatory officials was launched. Not all the facts are yet available, but the following information justifies a warning to all physicians and hospitals.

At least 2 and possibly 4 deaths have occurred in Miami, Fla.; Lexington and Louisville, Ky., following administration of Cutter's dextrose and saline bearing code number CM 8164. At least 8 other serious reactions have been reported, mostly from Southern communities. Several 100 liter bottles with this code number are unaccounted for, and the firms' shipping records are so incomplete as to make it impossible to trace and recover all the outstanding material quickly. Although the contaminant has not been identified, it appears to be a heavy growth of bacteria or mold. Many of the unopened bottles show a distinct cloudiness.

Physicians and hospital officials are urged to check their stocks for this code of 5 per cent dextrose in saline and if any is found to hold it and notify the nearest office of the Food and Drug Administration, which is working at top speed to recover all outstanding material.

This unfortunate incident again emphasizes the necessity for prompt notification of the American Medical Association and the Food and Drug Administration of any suspicious or unexpected reaction following the administration of a drug. Quick action by Dr. O'Donnell in notifying the Association of the reactions in his patients has no doubt saved the lives of many other persons. As yet Cutter Laboratories has offered no explanation of why this contamination was not detected before the product was distributed. The medical profession is entitled to know the facts in this case and to be assured that the drugs they purchase are safe.

ORGANIZATION SECTION

Washington Letter

(From a Special Correspondent)

April 30, 1948.

President Truman to Address National Health Assembly

President Truman will address the May 1 banquet of the four day National Health Assembly called to obtain suggestions for the proposed ten year national health program. Federal Security Administrator Oscar R. Ewing said that between six hundred and seven hundred physicians and health specialists were expected to attend. The meeting will be in fourteen sections.

Course on Atomic Radiation Effects

A first class of twenty-seven physicians has completed studies at Walter Reed Medical Center which included instruction on effects on the human body of atomic radiation and bacteriologic warfare. The army described the sixteen week basic science course as "revolutionary." Guest faculty members included more than fifty leading physicians and researchers of the United States and Canada. Diplomas were presented at graduation exercises by Col. Walter H. Moursund Jr., director of the course, following an address by Dr. Alan Chesney, dean of Johns Hopkins University School of Medicine.

Early Diagnosis of Cancer of Breast Advocated at Conference

Dr. Jay McLean of Washington, D.C., advocated clinical examination for cancer of women over 35 years of age every six months, at the three day session of the American Association for Study of Neoplastic Diseases. He declared that cancer mortality could be reduced considerably through improvement in the field of cancer of the breast alone. He emphasized the need for early diagnosis and public cooperation. Dr. George W. Ramsey, Washington, Pa., was elected president; Dr. Ramsey Spillman, New York, vice president; Dr. J. W. Lindsay, Washington, D. C., treasurer, and Dr. E. R. Whitmore, Washington, D. C., secretary. Named to the executive council were Drs. Lewis C. Pusch of York, Pa., Bruce H. Sisler of Memphis, Tenn., and Arthur Petersen of Chicago. Next meeting will be in the autumn in Atlantic City, N. J.

Congress on Tropical Medicine and Malaria

The fourth International Congress on Tropical Medicine and Malaria will be held here May 10 to 18 with scientists from thirty-seven countries presenting some one hundred and eighty papers before twelve convention sessions. Registrations begin May 9 at the Washington Hotel, with the opening session May 10 in the Commerce Department Auditorium and additional sessions in the National Museum Auditorium. There will be three official conference languages: English, Spanish and French. The program will include visits to the National Institute of Health, Naval Medical Research Institute, Army Medical Department and Research and Graduate School of the Agricultural Research Center at Beltsville, Md. A special session May 12 will commemorate the establishment by Walter Reed of mosquito transmission of yellow fever and on May 14, the fiftieth anniversary of mosquito transmission of malaria by Sir Ronald Ross will be observed. Mrs. Truman will receive the wives of the delegates May 13 at a White House tea.

Medical Legislation

STATE LEGISLATION

Mississippi

Bills Enacted.--H. 351 was approved March 13. It enacts a workmen's compensation law. S. 356 was approved March 24. It authorizes an appropriation of $1,500,000 toward construction and equipping of a teaching hospital in the School of Medicine of the University of Mississippi.

New Jersey

Bill Enacted.--A.J.Res. 2 has become joint resolution chapter 3 of the Laws of 1948. It creates a commission to make a survey of all voluntary charitable hospitals throughout the state to determine what steps can be taken to relieve existing overcrowding and to furnish additional revenue for operating costs to relieve the burden now being carried by the voluntary charitable hospitals.

South Carolina

Bills Enacted.--H. 353 has become Governor's Act No. 892 of the Acts of 1948. It provides for the chartering and method of organization and operation of nonprofit medical service plans furnishing medical service by physicians at the expense of the corporation to subscribers to the plan. Medical service includes all general and special medical services ordinarily provided by licensed physicians in accordance with the accepted practices of the community at the time the service is rendered. A physician is defined as any physician duly licensed to practice medicine in the state of South Carolina under the provisions of the medical practice act. S. 1130 has become Governor's Act No. 935 of the Acts of 1948. It amends the hospital licensing law by granting to institutions three years within which to comply with the rules, regulations and minimum standard provided for therein. S. 1359 was adopted April 1, 1948. It is a resolution directing the executive committee of the Board of Health to make a careful investigation of the allocation of funds to the different counties for county health work and to adopt a plan which shall distribute equitably such funds.

Virginia

Bills Enacted.--H.84 has become chapter 399 of the Laws of 1948. It provides regulations for the operation of the hospital construction fund which is utilized in accepting and dispensing funds to be used for the state hospital construction program. S. 76 has become chapter 528 of the Laws of 1948. It provides amendments to and reenactments of the law setting up annual medical scholarships at the Medical College of Virginia and the University of Virginia. S. 77 has become chapter 529 of the Laws of 1948. It authorizes and empowers the governing boards of the Medical College of Virginia and of the University of Virginia to establish 35 nurses' scholarships of the annual value of $100 each. S. 106 has become chapter 531 of the Laws of 1948. It amends the medical practice act by authorizing the state board of medical examiners to suspend or revoke the certificate of a physician who has been the legally responsible head of a hospital the license of which has been revoked because of illegal practice or conduct or practices detrimental to the welfare of a patient therein by the state board of health. S. 107 has become chapter 491 of the Laws of 1948. It requires the annual renewal of certificates to practice medicine, homeopathy, osteopathy, chiropractic, naturopathy or chiropody on or before the 30th of June of each year. S. 304 has become chapter 548 of the Laws 1948. It creates within the Department of Health a division of alcohol studies and rehabilitation for the study of the problems of alcoholism, the treatment and rehabilitation of persons addicted to the excessive use of alcoholic beverages and the promotion of preventive and educational programs.

GOVERNMENT SERVICES

ARMY

STUDY OF EMERGENCY MEDICAL CARE

Col. William L. Wilson, M. C., has been engaged in a study of the integration of administration of medical care to the civilian population in the event of war. This study, which has been under way since approved by the Surgeon General in March, 1947, is being conducted in the Department of Public Health Administration of the Johns Hopkins School of Hygiene and Public Health. Colonel Wilson prior to the Normandy invasion was engaged in the planning and supervision of reestablishment of medical care for civilians in all liberated countries and Western Germany. Later he was chief of the public health and welfare branch of the Military Government of the United States zone of Germany.

DR. BEATTIE TO CONDUCT BASIC SCIENCE COURSE

Dr. John Beattie, research director of the Royal College of Surgeons, London, England, conducted on March 15-16 a course on the physiology of injury at the Army Medical Research and Graduate School, Washington, D.C., and also directed discussions at the Army Institute of Pathology. Dr. Beattie will make a four week tour of Army Medical installations throughout the country. During his seven years on the faculty of McGill University, Montreal, Canada, Dr. Beattie worked closely with Dr. Harvey Cushing of Boston on neurophysiologic research on the relation between the hypothalamus and anxiety states. He is perhaps best known for his work on blood transfusion and tissue repair following injury or disease; during the English blitz in the recent war he commanded the Blood Transfusion Service in England.

GENERAL KENNER HEADS SELECTION BOARD

Major Gen. Albert W. Kenner, a member of the personnel board in the office of the Secretary of the Army, has been appointed president of a selection board which will recommend officers of the Regular Army Medical Department for promotion to the permanent grades of lieutenant colonel, major and captain; other members of the board are Brig. Gen. Joseph I. Martin of the Brooke Army Medical Center, Fort Sam Houston, Texas; Brig. Gen. Walter D. Lowe, Surgeon General's Office; Col. John M. Hargreaves, Air Surgeon's Office; Col. Edwin H. Roberts, Fitzsimons General Hospital, Denver; Lieut. Col. Harold C. McKinley and Major Clarence N. Keen of the Adjutant General's Department. The last two officers are recorder and assistant recorder, respectively, and serve without vote. The board convened in Washington, D.C., about April 12.

ARMY AWARDS AND COMMENDATIONS

Captain Leslie Caplan

The Legion of Merit has been awarded to Capt. Leslie Caplan, M. C., A. U. S., now of Minneapolis. The citation read as follows: For exceptionally meritorious conduct in the performance of outstanding services as medical officer for 2,600 American prisoners of war, Luft IV, Gross Tychow, Germany, from Feb. 6, 1945 to April 16, 1945. Captain Caplan with complete disregard for his own personal comfort, health and safety, and in spite of a forced march of more than 600 miles during which the men were deprived of the ordinary necessities of life, so discharged his responsibilities that not a single life was lost. Although suffering from an injured leg, he worked ceaselessly and without complaint, encouraging those who were exhausted and assisting the sick and weak. The extraordinary courage, determination and devotion to duty displayed by him during this period exemplify the highest traditions of the armed forces of the United States. Dr. Caplan graduated from Ohio State University College of Medicine, Columbus, in 1936 and entered military service in July 1941.

NAVY

RESERVE MEDICAL DIVISION

The commandant of the Fourth Naval District announces that Dr. Everett H. Dickinson, Cynwyd, Pa., has been appointed commanding officer of Volunteer Medical Reserve, Medical Division 4-9, U.S. Naval Reserve. Dr. Dickinson served in World War II as a captain of the naval medical reserve corps. The following physicians, all veterans, are members of the staff of this division: Capt. Howard E. Twining, executive officer; Comdr. John G. Hand; Comdr. George D. Geckeler; Comdr. Herbert P. Harkins; Comdr. George Lorenz Jr.; Comdr. David D. Northrop; Comdr. Harry S. Weaver; Lieut. Comdr. Lester L. Bower; Lieut. Comdr. Paul L. Bradford; Lieut. Comdr. Arthur A. Hartley; Lieut. Comdr. John B. Jacobs, Lieut. Comdr. Robert J. McNeill; Lieut. Comdr. Frederick W. Jarvis; Lieut. Comdr. Arthur W. Waddington; Lieut. Comdr. Karl H. Ziegenhorn; Lieut. (jg) Robert P. Gouldin and Lieut. (jg) Irving L. Lichtenstein.

Physicians who are interested may obtain information from the Commandant, Fourth Naval District, U. S. Naval Base, Philadelphia.

PERSONALS

Lieut. Comdr. Justin O. York of Santa Ana, Calif, and Lieut. (jg) Charles R. Stewart of Pittsburgh, both formerly in the naval reserve, have transferred to active duty status.

Capt. John M. Bachulus, at present on the staff of the Commander in Chief of Naval Forces, Eastern Atlantic and Mediterranean, will represent the United States Government at the Health Congress of the Royal Sanitary Institute at Harrogate, England, May 24-28.

Captains Omar J. Brown and Clark G. Grazier have completed a course in internal medicine at Cornell University Medical College, New York, and have been ordered to duty at naval hospitals.

SOCIETY NEWS

Rear Admiral H. Lamont Pugh (MC), assistant chief of the Bureau of Medicine and Surgery, addressed the section on general practice of medicine of the District of Columbia Medical Society, Washington, D. C., on "The Role of the General Practitioner in Modern Medicine."

VETERANS ADMINISTRATION

NEW CHIEF OF PROFESSIONAL SERVICE

Dr. Roy A. Wolford, Washington, D. C., has been appointed assistant medical director for professional service in the Veterans Administration, Department of Medicine and Surgery, and will succeed Dr. Paul B. Magnuson as chief of professional service. Dr. Magnuson was recently appointed medical director of the Veterans Administration. Dr. Wolford is a graduate of the University of Maryland Medical School; he interned at the Maryland General Hospital, Baltimore, and took his residency training at St. Joseph's Hospital, Lancaster, Pa. He served in World War I, following which he entered the U. S. Public Health Service, then in 1924 transferred to the Veterans Bureau. He was on Army duty during World War II with the rank of colonel and assigned to the Veterans Administration. He has served at a number of veterans' hospitals and has been at the central office in Washington, D. C., since 1940 as assistant medical director for tuberculosis and assistant director of the Tuberculosis Division. Dr. Magnuson concluded the announcement by stating that Dr. Wolford had demonstrated his ability as an outstanding physician and inspiring leader and that his appointment is part of the program to accord Veterans Administration physicians, "old and new," the recognition they deserve on the basis of their abilities.

HOSPITAL AT MARLIN, TEXAS

Bids for the construction of a two hundred bed general hospital for veterans at Marlin, Texas, will be opened in Washington May 25. The project includes the main hospital building, manager's quarters, apartment building for the staff, nurses' quarters, attendants' quarters, boiler house, laundry building, incinerator building, 150,000 gallon steel water tank and tower, steel flag pole and radial brick chimney, roads, walks, grading, sewage system, elevators and refrigerating system. The buildings will be of concrete, brick-faced exterior walls with stone trim and backed with hollow tile, reinforced concrete floors and built-up roofs.

STREPTOMYCIN CONFERENCE

The Veterans Administration's Fifth Streptomycin Conference was held at the Hotel Knickerbocker in Chicago April 15-18. The Army, Navy, Public Health Service, National Research Council, National Tuberculosis Association and American Trudeau Society, the pharmaceutic industry, the American Medical Association and hospitals were represented. Among others, the following Veterans Administration consultants took part: Drs. Brian Blades, Ralph Ghormley, Corwin Hinshaw, Esmond Long and Monroe Romansky.

NEW CHIEF OF NEUROPSYCHIATRIC SERVICE

Dr. Paul B. Magnuson, chief medical director of the Veterans Administration, has announced the appointment of Dr. Harvey J. Tompkins of Arlington, Va., as head of the neuropsychiatric service in the department of medicine and surgery to succeed Dr. Daniel Blain, who resigned to become medical director of the American Psychiatric Association. Dr. Tompkins graduated in medicine at Loyola University of Chicago. He joined the Veterans Administration in 1935 and, after serving at hospitals in various states, was assigned to the central office in 1945 as assistant chief of the neuropsychiatry division. He is associate professor in psychiatry at Georgetown University School of Medicine and is certified by the American Board of Psychiatry and Neurology.

PUBLIC HEALTH SERVICE

CREATE CANCER CONTROL COMMITTEE

A committee comprising ten cancer control experts has been created to advise the National Cancer Institute in its campaign to reduce cancer deaths by facilitating prompt detection and treatment. All members of the committee are physicians and public health officials. They will advise the institute on cancer control policy and on requests submitted by state health departments, universities and hospitals for special control project funds. The committee was formed to prevent duplication of efforts and to assure efficient use of federal funds for cancer control. The chairman is Dr. Frank E. Adair, New York. Other members of the committee are: Dr. Herman E. Hilleboe, commissioner, New York State Department of Health; Dr. Charles F. Branch, assistant director, American College of Surgeons, Chicago; Dr. Frank B. Queen, director, Cancer Control Section, Oregon State Health Department; Dr. W. Edward Chamberlain, Philadelphia; Dr. Robert A. Moore, Washington University School of Medicine, St. Louis; Dr. Edmund G. Zimmerer, director of cancer control, Iowa State Department of Health; Dr. Herbert L. Lombard, director, Division of Cancer and Other Chronic Diseases, Massachusetts Department of Public Health; Dr. Charles S. Cameron, medical director, American Cancer Society, New York; Dr. William D. Stovall, state laboratory of hygiene, Madison, Wisconsin. In their first meeting the committee recommended approval of fourteen applications for funds totaling $292,234 for special cancer control projects. These grants ranged from funds for establishing cancer control as part of the public health curriculum in the Harvard and Yale graduate schools to the equipment and operation of a mobile cancer detection trailer for rural Florida and the evaluation of the new cytologic diagnostic technic. All recommendations by the committee have been approved by the National Advisory Cancer Council. The next meeting of the Cancer Control Committee will be held early in June in Washington, D. C.

DR. TOPPING APPOINTED ASSOCIATE DIRECTOR

The U.S. Public Health Service announces the appointment of Dr. Norman Topping to be associate director of the National Institute of Health at Bethesda, Md. This position was recently created to relieve the director, Dr. R.E. Dyer, of many demands resulting from increased activity in medical research. Dr. Topping, a native of Missouri, graduated from the University of Southern California and joined the Public Health Service in 1936. He is a member of the U.S. Typhus Commission and president-elect of the American Society of Tropical Medicine; he has received various awards for research in infectious diseases.

Medical News

(Physicians will confer a favor by sending for this department items of news of general interest: such as relate to society activities, new hospitals, education and public health. Programs should be received at least two weeks before the date of meeting.)

CALIFORNIA

University Promotions.—Stanford University School of Medicine, San Francisco, has announced the following promotions, effective September 1: Dr. Sidney Raffel becomes professor of bacteriology; associate professorships were announced for Drs. Lowell A. Rantz and David A. Rytand in medicine, Dr. Lelland J. Rather in pathology, David C. Regnery, Ph.D., in biological sciences and Dr. Victor Richards in surgery.

Survey of Cancer Facilities.—A survey of cancer facilities in San Diego County, one of a series being conducted in California at the request of local societies, drew attention to the need for (1) a tumor record registry, (2) a fourth tumor board in addition to the three now functioning, (3) extension of public health nursing services to cancer patients in rural areas of the county, (4) educational programs for lay and professional persons and (5) creation of a panel of physicians who will accept referred cancer patients. Data for the survey were gathered through examination of mortality statistics, study of the state hospital survey report, survey of existing institutional facilities, personal interviews and a questionnaire sent to every member of the county medical society.

Personal.—Dr. Konstantin Sparkuhl, Los Angeles, has been decorated by the Chinese Government with the Breast Order of Yun Hui for work as public health consultant as a member of the G-5 Staff of the Formosa Liaison Group, 1945-1946.

CONNECTICUT

Conference of Industrial Physicians.—The Committee on Industrial Health of the Connecticut State Medical Society will sponsor the spring meeting of the New England Conference of Industrial Physicians and Surgeons at the Hotel Bond, Hartford, May 27. Cooperating groups include the Manufacturers Association of Connecticut, Connecticut State Nurses' Association and the Connecticut Safety Society.

COLORADO

Radio Program on Heart Disease.—A program on heart disease produced by radio station KLZ of Denver in cooperation with the Colorado State Medical Society will go on the air as a thirteen week series starting Sunday, May 2, at 10:15 p.m. (Mountain standard time). The format consists of about eleven minutes of documentary dramatization followed by a four minute discussion between the announcer and a participating physician.

ILLINOIS

Residency in Physical Medicine.—A residency training program in physical medicine has been approved by the Council on Medical Education and Hospitals of the American Medical Association, at the 3,500 ward Veterans Administration Hospital at Hines. The Physical Medicine Rehabilitation Service is a large, well organized department, fully equipped for both diagnostic and therapeutic procedures. Residents with veteran status receive $3,300 per year. If interested, write to Dr. K. A. Carroll, Manager, Veterans Administration Hospital, Hines, Ill.

Annual Meeting of State Society.—The Illinois State Medical Society will hold its annual meeting May 10-12 at the Palmer House, Chicago, under the presidency of Dr. Irving H. Neece, Decatur. Out of state speakers include:

Henry W. Woltman, Rochester, Minn., Differential Diagnosis of Poliomyelitis.
Carl H. McCaskey, Indianapolis, Significance of Hoarseness.
Irving S. Wright, New York, Oration in Medicine: Use of Anticoagulants in Treatment of Diseases of the Heart and Blood Vessels.
Karl H. Pfuetze, Cannon Falls, Minn., Present Status of Streptomycin.
Leroy A. Calkins, Kansas City, Kan., Management of Labor.
H. Trendley Dean, D. D. S., Relation of Fluorine to Dental Caries.
Leo G. Rigler, Minneapolis, Early Diagnosis of Cancer of Stomach.
George M. Curtis, Columbus, Ohio, Treatment of Hyperthyroidism.
Robert A. Moore and Edward Mallinckrodt, St. Louis, Tumors of the Testes.
Catherine S. Amatruda, New Haven, Conn., Problems of Growth and Development.
Frank H. Lahey, Boston, Oration in Surgery: Surgical Management of Gastric and Duodenal Lesions.

Various section meetings have been scheduled for the morning of May 11. On Tuesday evening at the annual dinner honoring the president Franklyn Bliss Snyder, Ph.D., president of Northwestern University, will be the principal speaker. The Woman's Auxiliary will meet at the Congress Hotel May 10-11. A number of special societies and alumni groups will meet in conjunction with the state society. Technical and scientific exhibits will be on display.

Chicago

Fourth Cancer Center Opens.—A cancer detection clinic was opened March 30 at Mercy Hospital to serve women. A second unit at the hospital will open April 8 for men. The city's four centers will be serving 700 persons a month. There is a waiting list of several thousand.

Personals.—Dr. J. Garrott Allen, University of Chicago School of Medicine, has been awarded the John J. Abel prize for his research on control of bleeding due to irradiation. The award was conferred by the American Society for Pharmacology and Experimental Therapeutics. Charles T. Craddock, for eleven years director of sales of the Edgewater Beach Hotel, has been appointed general superintendent of the Municipal Tuberculosis Sanitarium to succeed Dr. Leo M. Czaja, who resigned recently.

Pusey Memorial Lecture.—J. Christian Bay, Litt. D., librarian emeritus of the John Crerar Library, will delivery the second William Allen Pusey Memorial Lecture of the Institute of Medicine of Chicago on Friday evening, May 28, at the Palmer House on "The Search for the Vital Principle."

Society News.—The North Shore Branch of the Chicago Medical Society will meet at the Edgewater Beach Hotel May 4 for a fellowship gathering at 6:30 p.m. and a scientific meeting at 8:00 p.m. Dr. Arthur C. Curtis, head of the department of dermatology, University of Michigan Medical School, Ann Arbor, will be the guest speaker on "Modern Treatment of Syphilis."

MASSACHUSETTS

Boston Alumni Meeting.—The Alumni Association of Boston University Medical School will hold its annual meeting May 7 in the Medical School Auditorium. An informal luncheon will be held at 12:30 p.m. on the medical school campus, and a reunion and dinner at 5:30 p.m. at the Hotel Statler.

Tufts Medical Alumni Lecture.—The annual Medical Alumni Lecture will be given at Tufts College Medical School, Boston, May 5 at 4 p.m. Dr. Daniel L. Lynch, Boston, of the class of 1907, will speak on problems in industrial medicine. All physicians and students are invited to attend.

MICHIGAN

Dr. Cummings Heads State Department of Health.—Dr. George D. Cummings of the State Bureau of Laboratories, Lansing, became acting commissioner of the Michigan Department of Health March 17, succeeding Dr. John K. Altland, who resigned and returned to his former position as director of the department's Bureau of Local Health Services. Dr. Cummings has been a member of the state health department for twenty-two years, having been promoted in the Bureau of Laboratories from junior bacteriologist in 1926 to director of the bureau in June 1944. He is a graduate of Wayne University College of Medicine, Detroit, 1943, and received a doctor of philosophy degree from the University of Michigan, Ann Arbor, 1934.

NORTH CAROLINA

Appoint State Health Officer.—Dr. John W.H. Norton, Chattagooga, Tenn., was elected North Carolina State Health Officer at a meeting of the State Board of Health, called to select a successor to Dr. Carl V. Reynolds, Raleigh, who will retire June 30. Dr. Norton is graduate of Vanderbilt University School of Medicine, Nashville, Tenn., 1928. He was superintendent of health at Rocky Mount from 1931 to 1935. In 1936 he joined the state board of health as assistant director of county health work and later as assistant director of preventive medicine. He served the University of North Carolina as professor of public health administration from September 1938 to November 1940, when he entered the U.S. Army. Since that time he has been with the Tennessee Valley Authority at Chattanooga, Tenn.

NEW YORK

Annual State Medical Meeting.—The annual meeting of the Medical Society of the State of New York will be held May 17-21 at the Hotel Pennsylvania, New York. Scientific sessions will be held on Wednesday and Friday afternoons, at which the following will be guest speakers:

Thomas Francis Jr., Ann Arbor, Mich., Distribution of Poliomyelitis Virus in the Community.

Arthur L. Watkins, Boston, Contributions of Physical Medicine in Poliomyelitis.

The A. Walter Suiter Lecture will be delivered Friday by Dr. Alfred Steiner, New York, on significance of cholesterol in coronary arteriosclerosis. There will be numerous section meetings. Tuesday will be Teaching Day, for which the Council Committee on Public Health and Education of the society will present a series of lectures. The annual banquet will be on the Penn Top Wednesday. The annual convention of the Woman's Auxiliary will be May 16-19 at the Hotel Pennsylvania.

New York City

Postgraduate Instruction.—The Rockland County Medical Society will hear the following lecture at the Summit Park Sanatorium, Pamona, at 4:30 p.m. May 5: John C. M. Brust, Syracuse, "Cancer of the Rectum and Colon - Present Day Concepts."

Miller Memorial Lecture.—Rene J. Dubos, Ph.D., member of the Rockefeller Institute for Medical Research, will deliver the Adam M. Miller Memorial Lecture on "The Tubercle Bacillus and Tuberculosis" May 4, 4 p.m., at the Polhemus Memorial Building, Long Island College of Medicine.

Alumni Day.—The Long Island College of Medicine will observe Alumni Day May 8 at the Knights of Columbus Club, Brooklyn. The speakers will be: Drs. A. W. Martin Marino, president of the Alumni Association, and James A. Curran, president of the College of Medicine. Dinner reservations should be made before May 3 to the Alumni Association, Long Island College of Medicine, 350 Henry Street, Brooklyn 2.

OKLAHOMA

Annual State Meeting.—The Oklahoma State Medical Association will hold its annual meeting May 17-19 at the Skirvin Hotel, Oklahoma City, under the presidency of Dr. Paul B. Champlin, Enid. All section meetings will begin at 9 a.m. and general sessions at 2 p.m. Guest speakers at the general sessions include:

Helen B. Taussig, Baltimore, Malformations Amenable to Surgery: Diagnosis and Indications for Operations.

Arild E. Hansen, Galveston, Texas, Rheumatic Fever as a Diagnostic Problem.

Jack R. Ewalt, Galveston, Texas. General Practitioner's Responsibility in Psychiatry.

Andrew W. McAlester III, Kansas City, Mo. Management of Eye Diseases.

Lemon A. Gray, Louisville, Ky., Hormone Therapy.

Richard B. Cattell, Boston, Surgical Management of Carcinoma of Rectum.

Franklin H. Top, Detroit, Epidemiology and Treatment of Poliomyelitis.

Vincent Vermooten, Dallas, Texas. Injuries of Urethra, Their Diagnosis and Care.

Leo H. Garland, San Francisco, Present Status of Radiation Therapy in Cancer.

A symposium on "What's New in Medicine" will be held Tuesday at 8 p.m. with guest speakers participating. Both technical and scientific exhibits and round table luncheons have been arranged. The president's inaugural dinner dance will be at 7 p.m. Wednesday, with Dr. Alan Moritz, Boston, speaking on "Medicine's Contribution to Crime Detection." The Women's Auxiliary will meet May 16 at the Skirvin Hotel.

SOUTH CAROLINA

State Society Centennial Meeting.—The South Carolina Medical Association will hold its centennial meeting in Charleston May 12-14. A history of the association, prepared by Dr. Joseph I. Waring, Charleston, and bound in book form, will be distributed to members. Special speakers who will appear on the program are: Dr. James E. Paullin, Atlanta, Ga., representing the American Medical Association; Dr. Warren W. Quillian, Coral Gables, Fla., representing the Florida Medical Association; Dr. Isaac A. Bigger, Richmond, Va., representing the Medical Society of Virginia; and Dr. Verling K. Hart, Charlotte, N. C., representing the Medical Society of the State of North Carolina. Dr. Reginald Fitz, Boston, will speak at the banquet. Dr. Olin B. Chamberlain, Charleston, is the president and Dr. Robert B. Durham, Columbia, the president-elect.

GENERAL

Bacteriologists' Meeting.—The Society of American Bacteriologists will be guests of the Minnesota Bacteriologists at their general meeting at the Nicollet Hotel in Minneapolis May 11-14. Papers will be presented in the various fields of bacteriology. The president's reception and the annual banquet will be held Wednesday evening.

Anniversary of the Discovery of Radium.—At an American Cancer Society dinner in Philadelphia March 31, commemorating the fiftieth anniversary of the discovery of radium by Pierre and Marie Curie, their daughter Mlle. Eve Curie, French author and journalist, received a $10,000 grant for the work of Dr. Antoine Lacassagne of the Radium Institute in Paris. Mlle. Curie said that the money would be used to buy an infrared spectrograph for the institute.

Memorial to Pharmacists.—At ceremonies in the offices of the American Pharmaceutical Association, Washington, D. C., May 7, a memorial to all pharmacists who served in the wars of the nation will be presented by the donor, Henry A. B. Dunning, Sc.D., past president of the American Pharmaceutical Association. Honorable Kenneth C. Royall, Secretary of the Army, will give the principal address. Dr. Robert L. Swain, chairman of the Committee on Dedication, will preside.

Ophthalmological Society Meeting.—The American Ophthalmological Society will hold its annual meeting at the Homestead, Hot Springs, Va., May 17-19 under the presidency of Dr. Henry C. Haden, Houston, Texas. Among the subjects of numerous papers to be presented are corneal transplantation in keratoconus, myopia cures, surgical procedures in the treatment of retinal vascular disease, epidemiologic observations on epidemic keratoconjunctivitis and ocular lymphomas.

Federation for Clinical Research.—The national meeting of the American Federation for Clinical Research will be held in Chalfonte-Haddon Hall, Atlantic City, N.J., May 3-4. The program will begin at 8 p.m. with the first public showing of the colored film "Kidney Function in Health." Among the subjects of papers to be presented are: primary atypical pneumonia; reasons for failure of "dicumarol" in treatment of coronary thrombosis; hyaluronidase, and electrolyte metabolism in gastric cancer and Addison's disease.

Meeting of Genito-Urinary Surgeons.—The American Association of Genito-Urinary Surgeons will hold its annual meeting May 12-14 at the Skytop Lodge, Skytop, Pa., under the presidency of Dr. Cyrus E. Budford, St. Louis. Among the subjects to be discussed are lymphosarcoma of the kidney; vesicointestinal fistulas; radical perineal prostatectomy for cancer of the prostate; an analysis of 221 cases; effect of neutron rays on the testicle; role of sex hormones in sexual differentiation and in sex abnormalities, and pregnancy in the presence of reduced renal tissue.

Annual Meeting of Psychiatrists.—The American Psychiatric Association will have its one hundred and fourth annual meeting May 17-20 at the Statler Hotel, Washington, D.C., under the presidency of Dr. Winfred Overholser, Washington, D.C. Among the subjects to be discussed are: atomic energy in medicine, psychiatry among the Chinese, brain surgery and glutamic acid in increasing intelligence. Subjects of round table dinner meetings on Tuesday evening include neuropsychiatric service in general hospitals and aggression of childhood. There will be a symposium on emotional factors in chronic headaches Wednesday afternoon.

Association of American Physicians.—The annual meeting of the Association of American Physicians will be held at the Chalfonte-Haddon Hall, Atlantic City, N.J., May 4-5 under the presidency of Dr. Alvah H. Gordon, Montreal, Canada. Subjects to be discussed include: hormonal and vitamin factors in intestinal absorption; diuresis in patients with nephrosis; treatment of bacterial endocarditis; auscultation of the heart, a neglected subject; management of ulcerative colitis; the changing aspect of poliomyelitis; systematic manifestations of rheumatoid arthritis. The George M. Kober Medal will be presented to Dr. Warfield T. Longcope, Baltimore. The dinner address Tuesday at 7:30 p.m. will be given by Dr. O. H. Perry Pepper, Philadelphia.

American Urological Association.—The annual meeting of the American Urological Association will be held at the Hotel Statler, Boston, May 17-20, under the presidency of Dr. Herbert H. Howard, Boston. Among the subjects under discussion are: urinary tract calculi in recumbent patients, late renal changes in paraplegic persons, treatment of ureteral colic, thoracolumbar sympathetic block, and the urologist and artificial insemination. Dr. Arthur Jacoba, Glasgow, Scotland, and Dr. J. G. Yates Bell, London, England, will be guest speakers on Tuesday's program. There will be a symposium on genitourinary tuberculosis on Tuesday; and on Wednesday the prize essay, "Formation of an Artificial Bladder with Perfect Continence: An Experimental Study," will be presented by the writer, Dr. Seymour W. Rubin, Baltimore. The Ramon Guiteras Lecture, "Clinical Endocrinology and the Cancer Problem," will be given by Dr. Cornelius P. Rhoads, New York. Presentation of the third annual award for research in human male reproductive tract will be presented to Dr. Charles B. Huggins, Chicago, who will address the society on "Recent Studies of Reproductive Tract Physiology." A motion picture program and scientific and technical exhibits have been arranged.

HAWAII

Annual Meeting of Hawaii Medical Association.—The Hawaii Territorial Medical Association will hold its annual meeting May 6-9 in Honolulu under the presidency of Dr. Robert B. Faus of that city. Guest speakers include:

Samuel C. Harvey, New Haven, Conn., Recent Advances in Surgery.
Paul Klemperer, New York, Pathologic Anatomy and Biology.
Mr. Theodore R. Sills, Public Relations Counsel of the American Medical Association, Chicago, The Public Looks at the Doctor.
R. Lloyd Aycock, Boston, Epidemiologic Significance of the Behavior of Poliomyelitis.

The first exhibit of the Hawaii Physicians' Art Association will be held in the Honolulu County Medical Library during the meeting. Scientific exhibits relating to cancer and leprosy will be displayed in the headquarters building.

Breakfast round table discussions will be held at the Pacific Club Saturday, one on surgery led by Dr. Harvey and the other on pathology led by Dr. Klemperer.

Marriages

EDWARD LEROY PROCTOR, Conway, S. C., to Miss Mary Roberts Woodard at Charleston, February 28.

LAY MARTIN FOX, Baltimore, to Miss Jean Selby of Mendota, Ill., Dec. 30, 1947.

WILLIAM DONALD BAKER, Cleveland, to Miss Mary Lou Belcher of Youngstown, recently.

Deaths

William Lester Smith ● Senior Surgeon, U. S. Public Health Service, retired, Carbondale, Ill.; born in Toledo, Ill., Jan. 1, 1883; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1906; entered the Public Health Service in 1919 and retired in 1946; stationed at Marine hospitals in Norfolk, Va., Staten Island, N. Y., New Orleans and Louisville; fellow of the American College of of Physicians; during World War I served overseas with the British Army and as a captain in the medical corps of the U. S. Army, receiving the Purple Heart and the British Military Cross; in 1943 the Boy Scouts of America awarded him the Silver Buffalo for "distinguished service to boyhood"; chief medical officer of the Scout National Jamboree held at Washington, D. C., in 1937; died in the U. S. Marine Hospital in Kirkwood, Mo., February 15, aged 65, of pneumonia.

Harry Eaton Stewart ● New Haven, Conn.; born in St. Louis in 1887; Yale University School of Medicine, New Haven, 1910; attached to the Surgeon General's Office, U. S. Army, during World War I as assistant director of physiotherapy and director of physiotherapy in the United States Public Health Service and Veterans Bureau; for many years consultant in physiotherapy at the Veterans Administration; major, medical reserve corps, U. S. Army, not on active duty; past president of the Connecticut State Physical Therapy Society; consultant in physical medicine at the Norwalk General Hospital in Norwalk, Conn.; died January 6, aged 60, of coronary occlusion.

Dudley Anderson Robnett ● Columbia, Mo.; born in Columbia, Mo., May 28, 1895; Johns Hopkins University School of Medicine, Baltimore, 1919; associate professor of pathology at the University of Missouri School of Medicine; member of the founders group of the American Board of Surgery; member of the Western Surgical Association; fellow of the American College of Surgeons; chairman of the Missouri division of the American Cancer Society on the staffs of the State Hospital in Fulton, Boone County General Hospital and Ellis Fischel State Cancer Hospital; died suddenly January 25, aged 52.

Charles Moore Franklin ● Union Springs, Ala.; Columbia University College of Physicians and Surgeons, New York, 1898; an examining physician for the local draft board during World War I; served as a member of the city board of education and as county and city health officer; past president of the Bullock County Medical Association; surgeon of the Central Georgia Railroad and of the Alabama Power Company; died in Montgomery February 2, aged 74, of acute myocarditis.

Edward Andruss, Holden, Mo.; Kansas City (Mo.) Homeopathic Medical College, 1897; member of the American Medical Association; died January 14, aged 84, of coronary occlusion.

Abraham Henry Bowers, Jamestown, N. Y.; University of Wooster Medical Department, Cleveland, 1886; served as county coroner, city physician and city health officer; died Dec. 28, 1947, aged 94, of chronic myocarditis.

John Calvin Brink, Gary, Ind.; Indiana University School of Medicine, Indianapolis, 1942; interned at the Methodist Hospital in Indianapolis; served a residency in surgery at the City of Detroit Receiving Hospital in Detroit; died in the Methodist Hospital January 5, aged 35.

James Samuel Christian, Alberta City, Ala.; Birmingham Medical College, 1912; member of the American Medical Association; died in the Druid Hospital, Tuscaloosa, January 18, aged 64.

Frank Hubert Crawford, Mount Sidney, Va.; College of Physicians and Surgeons, Baltimore, 1896; member of the American Medical Association; died January 14, aged 74, of cerebral hemorrhage.

William John Dailey, Oakland, Calif.; Minneapolis College of Physicians and Surgeons, 1911; veteran of the Spanish-American War; died January 9, aged 63, of cerebral hemorrhage.

Margaret Lincoln Dale, Kansas City, Kan.; University of Kansas School of Medicine, Kansas City, 1933; interned at the New York Infirmary for Women and Children in New York; died in the Swedish Hospital in Seattle January 31, aged 45, of cardiovascular disease.

Leonidas DeLaine, Greenville, Miss.; Meharry Medical College, Nashville, Tenn., 1916; served during World War I; died January 11, aged 57, of heart disease.

Faust Stansfield Delong, Richfield Springs, N.Y.; Columbia University College of Physicians and Surgeons, New York, 1901; member of the American Medical Association; died in DeLand, Fla., January 15, aged 70.

John Casimer Dubiel, Chicago; Loyola University School of Medicine, Chicago, 1932; member of the American Medical Association; died in St. Luke's Hospital February 3, aged 41.

George Reese Du Vall, Western, Neb.; University Medical College of Kansas City, Mo., 1904; member of the American Medical Association; died in Fairbury Dec. 21, 1947, aged 65.

Harry H. F. Fredrich, Westfield, Wis.; Detroit College of Medicine, 1894; also a graduate in pharmacy; died January 16, aged 84.

Maurice Arthur Gilbert ● Chelsea, Mass.; Tufts College Medical School, Boston, 1914; served during World War I; affiliated with the Whidden Memorial Hospital in Everett and the Chelsea Memorial Hospital; died January 18, aged 60, of carcinoma.

Ray Carr Green, San Bernardino Calif.; Northwestern University Medical School, Chicago, 1928; member of the American Medical Association; served during World War II; at one time assistant surgeon in the U. S. Public Health Service; died Jan. 16, 1947, aged 47, of coronary thrombosis.

Alfred Wilbur Hadley, Indianapolis, Indiana University School of Medicine, Indianapolis, 1910; member of the American Medical Association; served during World War I; for many years chief surgeon at the Indiana State Soldiers' Home Hospital in Lafayette; died in the Veterans Administration Hospital January 16, aged 74, of cerebral hemorrhage.

Frederick Henry Harnagel, Chicago; St. Louis University School of Medicine, 1912; found dead in a hotel at Pontiac, Ill., February 10, aged 61, of coronary thrombosis.

William Haddick, Buffalo; University of Buffalo School of Medicine, 1886; died in the Edward J. Meyer Memorial Hospital January 20, aged 85, of carcinoma of the colon.

Thomas Howell, New York; Dartmouth Medical School, Hanover, N.H., 1896; served as superintendent of the Overlook Hospital in Summit, N.J., and the Worcester City (Mass.) Hospital; head of the outpatient department and formerly superintendent of the New York Hospital Cornell Medical Center, where he died January 24, aged 79, of carcinoma of the prostate.

Roy Sterling Hubbs, Butler, Ohio; Pulte Medical College, Homeopathic, Cincinnati, 1896; died January 16, aged 73.

Burton Leroy Jacoba, Chattanooga, Tenn.; George Washington University School of Medicine, Washington, D.C. 1916; fellow of the American College of Surgeons; member of the American Medical Association; past president of the Chattanooga-Hamilton Counties Medical Society; served during World War I; affiliated with the Pine Breeze Sanatorium and the Baroness Erlanger Hospital; died January 14, aged 64, of coronary thrombosis.

John Walter Jeans, Prosperity, Mo.; University Medical College of Kansas City, 1895; died January 25, aged 83.

Walter Robert Johnson, Richmond Hill, N.Y.; Cornell University Medical College, New York, 1945; interned at the Long Island College Hospital in Brooklyn; served during World War II; died in San Francisco January 2, aged 26, of injuries received in an automobile accident.

John Joseph Kane ● Prairie Du Chien, Wis.; Loyola University School of Medicine, Chicago, 1921; affiliated with the Beaumont Hospital and the Prairie Du Chien Sanitarium; died recently, aged 53, of coronary occlusion.

George Logan Kennedy ● Ninety Six, S. C.; Medical College of the State of South Carolina, Charleston, 1921; member of the board of trustees of the high school; died January 12, aged 53, of congestive heart disease.

William Lee Kirkpatrick, Waynesville, N. C.; University of Nashville (Tenn.) Medical Department, 1894; Vanderbilt University School of Medicine, Nashville, 1894; member of the American Medical Association; an honorary member of the staff of Haywood County Hospital, where he died January 11, aged 77, of injuries received in an automobile accident.

Henry Knox ● Philadelphia; Jefferson Medical College of Philadelphia, 1890; died January 4, aged 75, of bronchopneumonia.

John Elliot Langstaff, Morristown, N. J.; University of Toronto Faculty of Medicine, Toronto, Canada, 1878; at one time practiced in Brooklyn, where he served on the staff of St. John's Hospital; died in Bernardsville January 15, aged 91, of arteriosclerosis and benign hypertrophy of the prostate.

William Marshall Love ● Monroe, N.C.; North Carolina Medical College, Charlotte, 1915; past president of the Union County Medical Society; died January 22, aged 62.

William McKeage, Philadelphia; University of Pennsylvania Department of Medicine, Philadelphia, 1892; member of the American Medical Association; died in the Masonic Home January 5, aged 78.

Archibald McMillan, Athol, Mass.; Medical School of Maine, Portland, 1904; member of the American Medical Association; served with the Canadian Army during World War 8; died January 16, aged 75.

Harry Hilts Maynard ● New Haven, Conn.; Yale University School of Medicine, New Haven, 1916; a brigadier general in the medical corps, Army of the United States, during World War II serving as commanding officer of the 12th Medical and General Dispensary in London; affiliated with Grace Hospital; died in the Hospital of St. Raphael January 8, aged 60, of bronchopneumonia.

Nina Polson Merritt, Alton, Ill.; College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1901; member of the American Medical Association; died January 8, aged 75.

Schuyler Nichols, Herington, Kan.; Barnes Medical College; St. Louis, 1901; member of the American Medical Association; killed January 25, aged 72, in an automobile accident.

Richard J. O'Brien, Wauwatosa, Wis.; Chicago Medical School, 1922; formerly associated with the Indian Service; died January 3, aged 57.

Leon Morton Ochs, St. Louis; State University of Iowa College of Medicine, Iowa City, 1910; served as chief of the medical service at the Veterans Administration Facility at Jefferson Barracks; died January 8, aged 61.

Noah Samuel Peters, Bristol, Tenn.; Hospital College of Medicine, Louisville, 1900; died recently, aged 74.

Charles Henry Phillips ● Beverly, Mass.; Medical School of Maine, Portland, 1900; formerly chairman of the board of health; affiliated with the Beverly Hospital; died December 22, 1947, aged 76, of Hodgkin's disease.

Ernest Dean Pillsbury, Stoughton, Mass.; Tufts College Medical School, Boston, 1896; member of the American Medical Association; an officer during World War I; served in the U. S. Public Health Service reserve and on the staffs of various Veterans Administration hospitals; died January 6, aged 79, of pneumonia.

Hallie Tecumseh Pitts, Henderson, Tenn.; University of Tennessee Medical Department, Nashville, 1905; member of the American Medical Association; health officer for many years; died December 27, 1947, aged 65, of diabetes mellitus and heart disease.

Charles Henry Poole, Ruffs Dale, Pa.; Jefferson Medical College of Philadelphia, 1907; served during World War I; affiliated with the Henry Clay Frick Memorial Hospital in Mount Pleasant; died January 7, aged 63, of coronary occlusion.

John P. Ramsay ● Vincennes, Ind.; Medical College of Ohio, Cincinnati, 1889; died in January, aged 85.

Charles Thomas Riggs, Upton, Ky.; Kentucky School of Medicine, Louisville, 1904; died January 29 aged 71.

Benjamin Bissell Robins ● Bristol, Conn.; University of the City of New York Medical Department, New York, 1894; past president of the Hartford County Medical Association; for many years health officer and police surgeon; died January 9, aged 77, of heart disease.

Edgar Smith ● Lockhart, Texas; University of Louisville (Ky.) Medical Department, 1897; served on the selective service boards during World Wars I and II; died Dec. 30, 1947, aged 75, of coronary occlusion.

Edgar L. Vermilya, Fremont, Ohio; Toledo Medical College, 1897; member of the American Medical Association; for many years city health commissioner; affiliated with the Memorial Hospital; died Dec. 19, 1947, aged 73, of lymphatic leukemia.

Harry Hall Winters ● Tuskegee, Ala.; Tulane University of Louisiana School of Medicine, New Orleans, 1924; died January 29, aged 50, of coronary thrombosis.

Benjamin Collins Woodbury, Boston; Boston University School of Medicine, 1906; trustee and member of the staff of the Hahnemann Hospital; died January 22, aged 65, of cerebral thrombosis.

Otto Wright, Seiling, Okla.; Kansas City Medical College, 1904; died in Clinton recently, aged 83, of pneumonia.

Foreign Letters

LONDON

(From Our Regular Correspondent)

April 9, 1948

The National Health Service

Of the various objections to the proposals of the National Health Service, the one that has become predominant in the medical press is that the medical profession loses its freedom in consequence of the power assumed by the Minister of Health. Though administration is to be in the hands of various committees, the final decision on everything rests with the minister. As the whole practice of medicine, domiciliary and hospital, general and specialist, for both rich and poor, is socialized, its control passes to the state and is exercised by the Minister of Health. Curiously those negotiating for the profession do not seem to have appreciated this danger when they accepted medical socialism.

In the press and in Parliament a heated controversy proceeds. It is unfortunate that the practice of medicine should be dragged into the mire of party politics and become the subject of the usual exaggerations and fictions. The government and its press represent the proposed service as a wonderful achievement, a model for the whole world, overlooking entirely the serious drawbacks of bureaucratic control of such a personal thing as medical practice, as has been found in the case of New Zealand. It is said that it is a "reactionary profession" or "the old gentlemen of the British Medical Association" who are obstructing a most beneficent reform. In a broadcast a former cabinet minister said that the young physicians who had been demobilized from the army and settled in the new housing districts were joining the service. He may have been told of some doctors of the kind, but the impression he gave, that there was a general movement such as he described, was unfounded. So also is the attempt to represent the opposition as a matter of senility. The plebicite taken by the British Medical Association carefully distinguished the different sections of the profession and showed an overwhelming majority of assistants, mostly young men, opposed to the proposals of the government. Another fiction propounded by the government is that the opposition of the profession is due to political dislike of the labor party. As a matter of fact, opposition has always been on professional grounds and never associated with any political party. In the correspondence columns of the *British Medical Journal* those who are avowed socialists in general politics have registered their disapproval of the act.

A representative meeting of the British Medical Association, which was attended by four hundred members, has decided unanimously not to enter the national health service unless substantial changes are made in the act of Parliament. A resolution from the council of the association embodying this decision reaffirmed the desire of the medical profession for a comprehensive health service but urged that in the public interest changes in the act were necessary to prevent physicians being turned into state servants with harmful consequences to patient and doctor alike. The resolution expressed the hope that the government would make it possible for the members of the profession to cooperate by making such changes, as it was not in the best interests of the public or of medicine for members of the profession to enter the service until such changes were made. In making the resolution the chairman, Dr. H. Guy Dain, said that the powers possessed by the Minister of Health would lead to the enslavement of the medical practitioners, who were engaged in a life and death struggle for their freedom and independence. But physicians were willing to listen to constructive proposals for the working of the service should the minister make them. In the discussion Lord Horder referred to the mendacious statements in the House of Commons and sections of the press, which caused doubt in the public mind whether the British Medical Association was a constitutionally democratic body and represented the medical profession. "If the public considered the situation it would realize the unscrupulousness of a minister who, having as a result of two short sessions failed to get what he wanted, should say that the representatives of the association were a small body who had consistently misled the great profession to which they were supposed to belong. And he accused the association of being involved in a squalid political conspiracy."

Dr. J. A. Brown, Birmingham, raised the question of "what looked like organized political and trade union pressure on doctors to join the service." He read letters written to physicians from labor organizations asking them whether they were prepared to join the service. This was a scandalous attempt at intimidation. A resolution was carried condemning as grossly improper political pressure on individual doctors to inform outside bodies of their intentions in relation to the new service.

Rupture Of Cervical Intervertebral Disks

The production of neurologic symptoms by rupture of intervertebral disks is a comparatively recent discovery, and cases in which the cervical region is involved are the last to receive attention. At the neurologic section of the Royal Society of Medicine Dr. W. Russell Brain opened a discussion on this subject. The symptoms may be those of cervical root irritation or cervical cord compression, or both. The pathologic basis may be a simple osteoarthritis of the spine or a true lesion of the disk; often it is a combination of both. Of 10 surgically verified cases, most were in persons of middle age or over. Only 2 had root symptoms alone, the majority having compression of the cord.

There were four modes of onset of symptoms: acute pain in the neck and one arm; insidious or remitting aching in the same areas; gradual development of root and cord compression, or, most uncommon, a quietly progressive cord lesion alone. The main symptom of root compression was shooting or burning pain, increased by coughing and moving the neck and with periods of remission; this might radiate widely into the chest or scapular region. Any associated sensory loss was often slight and superficial. Diminution of tendon reflexes was common, but wasting was unusual. Of 8 cases with cord features, 4 exhibited a Brown-Sequard syndrome and 4 showed evidence of bilateral compression, but in every case except one the protrusion of the disk was lateral. The syndrome might be bilateral and symmetric from the onset with no clue to the side of the lesion. The pyramidal tracts were more vulnerable than the sensory fibers, though it was the anterolateral tracts that were directly exposed to pressure. Associated wasting of the intrinsic muscles of the hand, the innervation of which was two or three segments lower than the usual level of the lesion, was common. This must be due to descending edema.

Council on Medical Education and Hospitals

ANNUAL CONGRESS ON MEDICAL EDUCATION AND LICENSURE

Forty-Fourth Annual Meeting Held in Chicago, Feb. 8, 9 and 10, 1948

Monday Morning, 9:30

DR. HERMAN G. WEISKOTTEN, Syracuse, N.Y., Presiding

The Financial Support of Medical Education

DR. HERMAN G. WEISKOTTEN, Dean, Syracuse University College of Medicine: The Council on Medical Education and Hospitals of the American Medical Association conjointly with the Association of American Medical Colleges and the individual colleges has assumed active leadership in the development and maintenance of high standards.

Advances in medical education have been in the direction of integration of its programs with medical care programs. Medical students devote much of the final two years of undergraduate training to actual study and care of patients in hospitals and outpatient departments. This places clinical departments on an academic basis and adds enormously to the cost of medical education.

Realizing the importance of resident staffs and internships to medical education, the Council on Medical Education and Hospitals undertook over thirty years ago to survey hospitals engaged in the training of interns and to publish lists of hospitals approved for internships. The Council appointed committees to study and recommend the type and amount of preparation essential for securing expertness in each of the special fields of medicine. A program of inspection and listing of hospitals specifically approved for residencies in the various specialties was initiated by the Council, thus making its influence felt in the field of graduate as well as undergraduate medical education.

In 1933 the Council started approving specialty boards in conformance with formulated standards of administration. The Advisory Board of Medical Specialties, consisting of representatives from each of the recognized boards, was organized a year later. The Advisory Board works in close cooperation with the Council, which in turn works in close cooperation with the individual specialty boards.

Ten years ago the annual budgets of the medical schools of the United States totaled $23,000,000. These same schools have current budgets of more than $40,000,000. Today no school has a budget under $200,000, which is more than the individual budgets of twenty-six schools ten years ago: Increases in the budgets of medical schools are attributed to improved teaching methods, especially in the clinical subjects, and the placing of much of the clinical faculty on an academic basis. Although progress has been made toward practically doubling the financial support of medical schools during the past ten years, the increased support falls far short of satisfactory basic support in many of the schools. In most instances increased support has come from private funds, which are becoming less readily available, probably due to the enactment of tax legislation by federal and state governments. Future needs for financial support for medical education, medical research and medical care will exceed those of the present.

ALAN VALENTINE, LL.D., President, University of Rochester, read a paper entitled "The Privately Endowed Medical Schools: Their Present and Future Planning." This paper appears in full in this issue of THE JOURNAL.

HOMER W. SMITH, Sc.D., Professor of Physiology, New York University College of Medicine, read a paper on "The Present status of Proposed National Science Legislation," which appears in full in this issue of THE JOURNAL.

Financial Relationships of Medical Schools and Teaching Hospitals

DR. N. W. FAXON, Director, Massachusetts General Hospital, Boston: Medical schools and hospitals can be described as symbiotic. Historically, medical schools began in ancient temples which represent hospitals. Later medical schools became separated as integral parts of universities and finally they have rejoined, thus producing the teaching hospital. Hospitals are primarily for the care of patients but they must additionally advance knowledge, train physicians, participate in research and strive to set standards and examples of practice. Both the hospital and medical school play indispensable roles in the education of physicians. In the school the physician must acquire a basic scientific body of information essential to medicine. In the hospital he contacts the patient and under guidance of clinical instructors first deals with human beings as patients. He learns to listen, question, examine and appraise. Later as an intern he acquires special technics, particularly in the branch of medical practice he is to pursue. Therefore, of a total of six to seven years, at least four years are spent in hospital training. In 1850 one year of study produced a so-called doctor. It now takes up to thirteen years. Professional competence is now acquired by slow acquisition of responsibility, which entails dealing with patients before the doctor is fully trained. As such transition is slow, it is

costly and society, i.e., the public, must recognize its responsibility to medical education by cooperating and aiding the student in making this transition.

As the medical school and hospital are inextricably bound together for two common objectives, i.e., training of doctors and advancement of knowledge, and both objectives require money, we must decide who should provide the necessary funds. There are three basic types of medical school faculty and hospital staff organization, typified by the following institutions: (1) The University of Chicago Clinic is part of the School of Medicine of the university. The faculty and staff are identical. All patients are patients of the full time staff. All doctors are on straight salary. Fees obtained go to the university. Salaries are not dependent on the amount of clinical practice but come from the university. (2) University of Rochester. Strong Memorial Hospital is part of the School of Medicine and Dentistry and shares in the endowment of the school. Members of the Staff of hospital and faculty are identical. They may be full time salaried or part time unsalaried members. Full time salaried members may increase their income from private professional fees. Part time members of the staff are privileged to have private patients on private floors. All on the staff participate in the care of patients, teaching and research. All salaries come from the university. (3) Harvard. All teaching hospitals used by Harvard Medical School are separate corporations. All have some staff members who hold faculty appointments. Appointments to the staff at Massachusetts General Hospital are made by trustees of the hospital. Appointments to the faculty are made by the president and fellows of the university. Not all staff appointees hold medical school appointments. Part of the hospital staff is on a full time salaried basis; the major portion of the part time staff is unsalaried. Both full time and part time members of the hospital staff have private patients and retain professional fees. All are supposed to participate in the care of patients, teaching and research. Salaries may be all from the university, all from the hospital or part from the university and part from the hospital.

When both school and hospital are university units the source of the salaries is not important. However, when salaries of individuals come from hospital funds there must be a clear understanding as to what services the salaries are paid for, particularly if the staff personnel receiving the salaries are not also faculty personnel. There is now criticism of source and responsibility for expenditures both on the part of the hospital and the medical school because of shortage of money. The medical school criticizes the hospital for not recognizing the tangible as well as the intangible benefits of medical education and research in the hospital and of the services derived from students, residents and teachers; the hospital criticizes the medical school for not paying its way, including the necessary additional costs to the hospital for instruction of the students. Using the Massachusetts General Hospital as an example, it is found that the teaching of undergraduate Harvard medical students at the hospital costs $160,000 of school funds plus an unknown portion of $105,000 of hospital funds plus a small additional outlay for laboratories, teaching rooms and amphitheaters. The interests of the school end with the completion of four years, at which point the interest and responsibility of the hospital increase. Salaries are paid for teaching and research; the salaries vary down to a nominal payment of $100. No one is overpaid. The major portion of money paid by the hospital in salaries is for teaching of the resident staff, executive duties and time spent in research. When a single person occupying positions on both faculty and staff receives salary from both university and hospital, such money is paid for undergraduate teaching of medical students and graduate teaching of interns and residents. In this way economy of man power is obtained, and both the school and hospital profit by division of salary. In supporting a resident staff the Massachusetts General Hospital does two things: it provides for the best care of patients and provides the final stage in the education of physicians. The costs are high. The total cost for sixty-seven residents is approximately $175,000 a year. For this the hospital gets constant and excellent care of patients, and full time and part time members of the staff are relieved of many duties and thus are allowed further time for research. In the past the total amount has been charged to operating expense of the hospital. The question is raised whether part of this total amount should be carried on a separate budget as a charge toward education. That question still remains unanswered.

DISCUSSION

JOSEPH HINSEY, Ph.D., Dean, Cornell University Medical College, New York: Many additional medical schools should be the recipients of governmental grants. However, grants as now given are for specific purposes and cannot be directed to meeting costs of medical instruction or administration. Such grants oftentimes increase rather than decrease administrative budgets.

Regarding Dr. Faxon's paper it can be said that in general medical schools pay their faculty to teach undergraduate medical schools and to conduct research. Likewise, hospitals pay primarily for the teaching of graduates and for research and executive direction of their services. It is most difficult to set up any standard formula that will allocate costs, as men from clinical staffs do preclinical instruction and the reverse also occurs. I do

not agree that the interest of the school ends with the completion of four years of medical school, as medical schools are much involved in training beyond that time, as evidenced recently by demands for help in the training of veteran physicians. The financial difficulties of teaching hospitals is a matter of great concern, inasmuch as maintaining these hospital services on a high plane is required for maintenance of high standards in undergraduate and graduate training.

One is impressed with quantitative needs expressed with regard to present and future needs of medical education in its broadest aspects. Various estimates have been given. As President Alan Valentine pointed out, most if not all of the privately endowed institutions do not have the funds to do the present job, let alone develop along lines that seem required in the future. There is still great need for the information that a survey of medical education can provide. Medical education has never had enough money to support it adequately. Present difficulties are exaggerated by recent inflationary trends. Not all educators regard government subsidy as the proper solution, as such support has great potential danger to higher education. So far support has been received from governmental sources for research in the fields of cancer and psychiatry on terms that many believe to be satisfactory. However, if a satisfactory formula cannot be developed for freedom of action with such support, our medical schools had better stay poor. President Valentine has stated that "the primary and long term objective of private medical schools should be to secure private funds as promptly and as largely as possible. We must act with private enterprise on private enterprise." The public should be fully informed of our problem. It is noted that when governmental funds become increasingly available private foundations turn to other fields. This might occur in medical education.

Motion Pictures in Medical Education

MR. RALPH P. CREER, American Medical Association, Chicago: The use of visual aids in mass teaching received its greatest impetus during World War II. The Bureau of Naval Personnel in "Why Use Training Aids?" showed that students learn 35 per cent more in a given time, remember facts 55 per cent longer and therefore meet high standards in less time. Visual aids were coordinated with teaching programs. During 1946-1947 approximately 55 per cent of the entire medical school population were former service men who had experience with visual aid programs in the armed forces. A survey by the American Medical Association in 1946 showed that forty-four of the schools that responded owned motion picture equipment or had it available to them. The number of projectors was not adequate for all departments. Four schools had silent projectors only. Few schools had access to slide film projectors. Most films were borrowed from commercial or pharmaceutic companies. Replies indicated that the six subjects in which films were most needed were surgery, physiology, pharmacology, anatomy, medicine and pathology. Many schools needed basic films rather than pictures on technic. Northwestern University Medical School reported use of more than five hundred and fifty medical films in one year due to an efficiently established department of medical visual education. It is suggested that in lieu of such a department the medical librarian be responsible for source material on all types of visual aids in medical schools.

A department of visual education has been recently organized in the University of Colorado School of Medicine. Pioneer work in visual education has been carried out in the department of anatomy at Duke University School of Medicine. Student reaction to this type of teaching is highly favorable.

The American Medical Association's Committee on Medical Motion Pictures for promotion and and more widespread use of films offers the following to the medical profession:

1. FILM LIBRARY.--The film library contains one hundred seventy-four copies of forty-six subjects, including basic type films and films for the postgraduate level. Additional films will be purchased in 1948. The only charge for borrowing films is for transportation services. Lists of films are now available on request.

2. SOURCE FILE.--A comprehensive source file of medical films is being compiled, which will be indexed and cross indexed and kept current. Medical school faculty members may apply for information on specific subjects. It is not possible yet to furnish long detailed lists of films on general subjects.

3. SOURCE LIST.--A source list of fifty-eight institutions distributing professional films has been prepared and is available on request.

4. REVIEWS.--Reviews of new films, which are published in THE JOURNAL, include a brief description of the content of the film and recommendation of audience level. Each film is screened by a specialist.

5. CLEARING HOUSE OF INFORMATION.--The committee is also undertaking to serve as a clearing house of all information on medical films for inquiries from both the United States and foreign countries. The committee is now in a position to advise as to the type of films needed by medical schools, medical societies and hospitals.

DISCUSSION

DR. WALTER BLOEDORN, Dean, George Washington University School of Medicine, Washington, D.C.: Audiovisual aids have a place in medical education. However, much depends on their content, quality and ability to become "curriculum integrated." These aids include not only motion pictures but stills, slides, projectors, animated drawings and models.

The Association of American Medical Colleges has through its Committee on Audio-Visual Aids recommended the establishment of a Medical Film Institute to serve as a coordinating agency to carry on this work. This committee has met with the interdepartmental committee composed of representatives of War and Navy Departments, Veterans Administration and United States Public Health Service. The

interdepartmental committee will place at the disposal of the Association of American Medical Colleges, who in turn will provide the personnel required to establish and maintain it, a medical film institute.

Audiovisual aids will find their true level in medical education. A new teaching method is sustained not by the enthusiasm of its supporters but only by its true worth, which time alone can assay. These aids should improve medical teaching by (1) transmitting concepts of dynamic phenomena with greater clarity; (2) broadening the experience of the students by increased opportunities for presenting both specialized and diversified laboratory and clinical material; (3) shortening the time required to introduce and demonstrate essentially new and practical technics; (4) permitting more imaginative instructional activity as they provide instructors with a better opportunity to study and profit from the teaching method of others; (5) facilitating the rapid dissemination of information to others, and (6) lessening disparities of training which may exist among institutions with widely varying resources.

Monday Afternoon, 2 o'clock

DR. HERMAN G. WEISKOTTEN, Syracuse, N. Y., Presiding

Teaching the Clinic Aspects of Atomic Energy

DR. ANDREW H. DOWDY, Professor of Radiology, and DR. STAFFORD L. WARREN, Dean, University of California School of Medicine, Los Angeles: In teaching the clinical aspects of atomic energy the objectives are: (1) to train medical students in the biophysical approach to medical problems; (2) to develop a trained reserve pool of medical graduates available in the event of national emergency and to advise and conduct programs pertaining to radioactive contamination of air, water, soil and horticultural products; (3) to participate in graduate training in the fields of radiology, biophysics, radiation chemistry and biology, and (4) to train personnel from the armed services.

A grave responsibility has been added to medical schools; it involves both a moral and patriotic obligation toward the security of the nation. There is hardly a citizen who does not have a vital interest in the proper use or misuse of atomic power. The medical graduate must have a general conception of atomic energy and of its products, nuclear physics, radioactivity, radiation pathology, radiation toxicity and radiobiology. A continued search must be made for an understanding of the action of ionizing radiations on biologic tissues and systems. Efforts must be directed toward effective therapeutic measures which may be employed in the event of exposure. Alterations in present curriculum are therefore necessary. Many curricular difficulties beset the academic future of the clinical aspects of atomic energy. As inadequate salaries are not conducive to the highest scholarship in the field of pedagogy, young talent refuses to choose this profession. This danger threatens not only the elementary schools but colleges and universities. Should this situation continue, professional schools will have entrance classes which are intellectually emasculated. The medical student already has practically reached the saturation point in both the number of subjects and duration of training. He is overwhelmed with numerous clinical and preclinical subjects. Increased length of the training period needed for specialization has resulted in exploitation both by the profession and by hospitals, where interns toil 24 hours a day with no time for the additional training which is being suggested. In spite of that, each medical graduate should possess a minimal knowledge in this new field.

Teaching the clinical aspects of atomic power falls into three categories: (1) premedical, (2) medical and (3) graduate. Premedically, basic training in physics, chemistry, biology and nuclear physics seems imperative from a cultural standpoint alone. In medical school the student must acquire pertinent information on radioactivity, radioactive isotopes, heavy isotopes, radiation biology, radiation toxicity, radiation pathology, radiation detection, ion meters, Geiger counters and the symptomatology and therapeutics of the toxic materials used in making materials employed in atomic piles. A one hour course for one semester during the first year, covering the basic information in nuclear physics and other subjects, seems essential prior to more detailed instruction in the various departments of the medical school. Men from the faculty or trained guest lecturers such as those from the Atomic Energy Commission, U.S. Public Health Service, the armed services, and the Bureau of Standards could supply the needed teaching talent.

Graduate training for the medical student will place the heaviest burden on the young physician who desires special training in radiology or medical biophysics. For those who wish to acquire extra proficiency in this field it seems likely that an extra year of study will be required in addition to the medical or surgical internship and three years' residency in radiology. This additional year of study should follow the completion of and not precede the general radiologic training. Some adjustments in the curriculums of medical schools are necessary if the members of the profession are to meet the challenge of the new era.

DISCUSSION

GEN. GEORGE E. ARMSTRONG, Deputy Surgeon General, United States Army: I feel a sense of responsibility in stimulating as much as possible general interest in any program destined to acquaint physicians with current knowledge of this subject. With few changes in the curriculum and by utilizing appropriate members of the faculty, any medical school can give students the basic instruction necessary to an understanding of nuclear energy. In the

latter part of the senior year I recommend perhaps a two day seminar, during which the related basic sciences can be reviewed, interrelated and focused in such a manner as to emphasize the clinical aspects, the attendant hazards and the therapeusis of nuclear casualties.

Medical schools should also take the lead in organizing intensive courses designed to give graduate physicians a minimal knowledge of this subject. Such courses can be condensed into a few days and will alleviate the worry which pervades the profession. I am reliably informed that what every physician should know on "C" Day can be mimeographed on one sheet of paper. But, by the same token, every physician should know the "whys and wherefores" behind these few simple directives.

I ask your assistance in "selling" two concepts to the profession—concepts which are contrary to all previous teachings, yet which are vital to the proper handling of casualties in the event of an atomic catastrophe. The first is that medical personnel must not rush in with the idea of rendering immediate aid to the stricken victims. We must wait until trained technicians consider it safe to enter the radio-contaminated area. The second has to do with the economy of therapeutic means—particularly with the supply of blood. If we are called on to deal with thousands of atomic casualties, about one third of them will in a few hours present symptoms indicative of the gravest prognoses. Blood transfusions and other known therapeutic means will be of no avail. The profession must steel itself to make those persons comfortable and to concentrate every effort to save those who have some chance of survival.

The Teaching of Rehabilitation and Physical Medicine

DR. HOWARD A. RUSK, Professor of Rehabilitation and Physical Medicine, New York University College of Medicine, New York: Although attention has been centered on the disabled veteran as evidence of extensive disability in our population, disability among the civilain population is far greater. Nineteen thousand amputations occurred among military personnel during World War II against 120,000 major amputations among the civilian population. Fifteen hundred men were blinded in military service, but 60,000 civilians lost their sight during this period. Two hundred and sixty-five thousand men were permanently disabled in the war, but 1,250,000 civilians were permanently disabled by diseases and accidents in the corresponding four years. Twenty-three million persons in the United States are handicapped to some extent by disease, accidents and maladjustment, or war.

Rehabilitation pays economic dividends. In one hospital of the Veterans Administration medical rehabilitation service was given 130 chronic neurologic patients, many of whom had not been out of bed in ten years. After nine months all but 10 of the group manifested some worth while permanent improvement. All but a small percentage were made employable and capable of self care. Rehabilitation of this one group was considered to have saved the government over $1,250,000. The Federal Office of Vocational Rehabilitation in 1944, working with 43,997 persons, increased the average yearly wage after rehabilitation to $1,768 per person from a previous average of $148. Many of these persons had been on public assistance at a cost of $300 to $500 annually. The cost of rehabilitation averaged $293 per patient as a single rather than an annually recurring expenditure. Medical rehabilitation takes the patient from the bed to the job and is the dynamic therapeutics of chronic disease. Although it is dependent on the skills of medical specialists, principles of rehabilitation are basic to the practice of medicine. One of its greatest problems is motivation, to encourage and convince the disabled persons that they can rehabilitate themselves. Such motivation can start at the time of the accident or the onset of the crippling disease by allaying fears of the patients and giving courage, understanding and hope predicated on an accurate knowledge of what can be done. It must be recognized that treatment of disease is only part of medical care and that equal emphasis must be given to treatment of the patient as an individual. Integrated programs of convalescent care that stress activity as an adjunct to definitive treatment can reduce the period of hospitalization, offset the deconditioning phenomena of rest in bed and prevent the harmful physiologic and psychologic sequelae which often result through extended hospitalization. Although it seems logical that medical rehabilitation should be an important service of every civilian hospital, there has been little attempt until recently to establish such programs. Rehabilitation in varying degrees is available in some tuberculosis, mental and other specialized hospitals, but little provision has been made for such dynamic care for the more than 14,000,000 persons who are patients in general hospitals each year. The first comprehensive program of this sort in any community hospital in this country has been recently inaugurated at Bellevue Hospital in New York. The service has bed capacity for eighty patients and also operates in much the same manner as the x-ray and laboratory departments as a service for other departments in the hospital. It treats both inpatients and and outpatients on reference from the other services of the hospital. This is the first step in a plan by the Department of Hospitals in the City of New York to provide all patients in municipal hospitals with medical rehabilitation services.

The Department of Rehabilitation and Physical Medicine at New York University College of Medicine is organized as a major department. Activities include training, research and

patient care using the services both at the college and at Bellevue Hospital. Undergraduate training consists of a one hour indoctrination lecture in the first year, four hours of lecture demonstration in the second year and six hours of lecture demonstration correlated with the basic sciences of anatomy, physiology and pathology in the third year. Additionally, twenty-two hours of elective classes, lectures, demonstrations and field trips are offered. Clinical clerkships of three months in the third year and two months in the fourth year consist of orientation to the uses of physical modalities in the evaluation of treatment of physical, psychosocial and vocational rehabilitation and therapy. A twelve or twenty-four week course is offered in the postgraduate division, consisting of theoretic and practical training in these same phases. Additionally, part time postgraduate courses can be had through special arrangement. Teaching hospital rounds in which guest specialists have participated regularly have attracted numerous visiting physicians to this important and heretofore relatively neglected phase of good medical care.

DISCUSSION

DR. A. C. IVY, Vice President, Chicago Professional Colleges, University of Illinois, Chicago: As a result of World War I and the work of a number of physicians, particularly in this country and England, physical medicine has achieved a position where it merits definite recognition in the medical curriculum and in therapy. How is it best to present this subject? I have had occasion to study this question in cooperation with Dr. Coulter, of the Department of Physical Medicine at Northwestern University, during a period of years. Obviously we cannot expect our medical students to make physiatrists and experts in rehabilitation at the end of the four year course. However, we can demonstrate to them that physical medicine, including rehabilitation, has a definite scientific basis and what physical medicine and rehabilitation have to offer. In physiology courses at Northwestern, in order to show that physical medicine and rehabilitation have a scientific emphasis, we asked the Department of Physical Medicine to take six hours of our regular laboratory work and two hours of our clinic in applied physiology. In the laboratory they demonstrated the apparatus they use and the physical and chemical principles on which it operates. In the applied clinic in physiology they demonstrated what physical medicine has to offer as far as the applied physiology of muscle disturbances and the applied aspects of neurophysiology, gait and posture are concerned.

At best, the subjects of skeletal muscle and neurophysiology, gait and posture are dry subjects and are disliked by about 80 per cent of the students in any class in physiology. These subjects, however, can be made dynamic and realistic by demonstrating to the students how the basic knowledge of muscle and neurophysiology, gait and posture can be applied to the patient suffering from disease.

These facts should be further emphasized, in my opinion, in the latter part of the junior or during the senior year by setting aside a minimum of eleven or a maximum of twenty-two hours to again demonstrate to the students what can be done by rehabilitation procedures. There are clinical men on the staffs of our university hospitals today who do not know what physical medicine, and particularly rehabilitation, has to offer to many patients who represent that group considered forever unable to earn a living. I have seen in the last six months some 4 patients who were on custodial care returned to a status in which they could earn their own living.

Rehabilitation is something that we are going to have to provide whether we like it or not, because we must realize that the number of disabled persons in this country has been increasing over the years, has been further increased by World War II and will be still further increased by the victims of anticipated automobile accidents. By impressing the members of the medical profession that many of these disabled persons can be rehabilitated so that they can make their own living, we shall be enlarging the humanitarian services of medicine and decreasing the economic burden of the taxpayers.

Preparing the Medical Student for Family Practice

DR. WINGATE M. JOHNSON, Professor of Clinical Medicine, Bowman Gray School of Medicine, Winston-Salem, N.C.: The alarming trend toward specialization in the last few years was given emphasis by the premium placed on specialists in the recent war. Among responsible factors are specialty boards, the tendency of many hospitals to close their doors to noncertified men, pseudoprosperity experienced during and after the war, growing popularity of group practice and, finally, current trends in modern medical education. No more than 18 per cent of the medical population need be specialists. At least two thirds of graduates should plan for general practice. However, in one school 96 per cent of a recent graduating class planned to become specialists. This trend seriously threatens the future of the medical welfare in this country. It must be remembered that during the last depression many physicians were operating taxicabs and elevators. None of these were family physicians. Patients are now complaining that they cannot find doctors who will come to their homes when necessary. Unless public demand is met, politicians who promise free medical care for all will find ready followers and physicians will find themselves ordered to practice when, where and how the government directs.

Recognition of the vital need must bring

about a renaissance of the family doctor. The Council on Medical Education and Hospitals has encouraged formation of general practice sections in hospital staffs and has discouraged hospitals from closing their doors to physicians not certified by boards. The General Practitioner's Award, the "Grass Roots Conference" and many other activities of the officials of the American Medical Association have stimulated interest in this renaissance. Medical schools can play an important and encouraging part in preparing students to enter general practice. A poll of the graduating class of the Bowman Gray School of Medicine in December 1947 revealed that only eight (one sixth) of its members expected to specialize, another one sixth were undecided and the remaining two thirds expected to be family physicians. Therefore, the renaissance of the family physician is under way.

Of certain factors which have helped attract these students to family practice, the most important is the actual teaching program. Emphasis is placed on consideration of the whole man. In the belief that "responsibility teaches," the student is given early responsibility for care of patients under supervision. In the fourth year the class is divided into three sections; medicine, surgery and specialties. Since almost every senior after the first year or two has elected private medicine, service cases have been left to third year students and medical house staff. Most students respond so well to responsibility that the patients frequently consider the students as their doctors. Physicians in attendance make it a point to have students present when they talk to the family, especially during the summing up of the case. In short, every effort is made to have the student learn the art as well as the science of medicine. A special course in family practice of one hour a week is attended by both junior and senior students. This class combines the old didactic lecture and the modern bedside clinic. This course is made as informal as possible. Students are encouraged to interrupt with questions at any time and to challenge statement or diagnosis; no infallibility is thrown about the teacher nor effort made to bluff the student. Cases selected for presentation are typical of those seen in general practice. Some cases are purely functional, some organic, some mixed, and the student handling the cases is made to dig in the history of the patient until the mental focus in cases of psychoneurosis is found by tactful questioning. Occasionally, for the good of his soul and the benefit of the student, the teacher presents one of his own mistakes in diagnosis or therapy. All through the course an effort is made to emphasize the importance of the history and the physical examination. A preceptorship system has been inaugurated wherein, due to the fact that classes are graduated in December while most hospital appointments begin in July, a large number of graduates accept a preceptorship under a family physician. Since they have the rights and privileges that go with licensure, they become real assets to the preceptors. This practice encourages young men to become family physicians themselves.

Preparing the Intern for General Practice

DR. MYRON McDONALD WEAVER, Assistant Dean, University of Minnesota Medical School, Minneapolis: The majority of recent medical graduates hesitate to enter practice without special training because they do not feel they are qualified to do so after a one year internship. Their feeling of inadequacy arises from the impossibility of mastering the required medical knowledge in five years. Two years ago Dr. William A. O'Brien recommended that (1) there be a redistribution of emphasis in the curriculum of the four year medical course, with relatively more attention to internal medicine, medical specialties, obstetrics and pediatrics, due regard for medical aspects of surgical specialties, and that technical aspects of surgery be left for the graduate years. (2) Recent medical graduates should be able to avail themselves of an internship that offers special training for general practice beginning with a full year in medicine and the medical specialties followed by a second year in obstetrics, pediatrics and some aspects of surgery. A number of such internships are administered by the University of Minnesota Medical School. Students expressed interest in the type of internship under consideration. In 1947 a reaction in favor of general practice was noted among upper classmen of the medical school. The high tide of interest in specialization was reached in the late war, and since then a reaction toward general practice warrants special arrangements for intern training specifically designed to meet this need. A preceptorship program to introduce graduating seniors to general practice was entered into by nine of the seventy-two members of the class graduated in August 1947. These were arranged in cooperation with the Minnesota State Medical Association. Graduates went to preceptors serving in relatively small communities scattered throughout Minnesota. Most preceptorships are for a term of nine months preceding regular internships. Both preceptors and former students were gratified by the arrangement. Hospital facilities for the type of internship discussed were arranged in the university hospitals and in Minneapolis General Hospital. Although difficulties were met in arranging this type of internship, problems in most instances were met and solved. Characteristics of hospitals entering the program were (a) good staff representation from the faculty of the medical school, (b) good staff representation by leading general physicians in the area as well as diplomates of specialty boards, (c) provision for residency training approved by the Council on Medical Education

and Hospitals and (*d*) notable interest of the staff toward participation in intern training.

There are advantages in this type of training from the point of view of the intern: (1) two full years of good hospital experience; (2) responsibilities which are seldom accorded rotating interns; (3) experience with types of patients and stages of disease which are encountered in both public and private hospitals; (4) valuable types of experience with hospital administration, and (5) opportunity to return to the medical school for regular medical-surgical-pathologic conferences and other exercises.

Certain administrative problems for participating hospitals were discussed, including a guaranty that service will be continued, noninterference with current routine internships and variability of stipends. Administratively, the medical school must select the interns to be appointed for the two year service. Arrangements must be made to accredit the second year of internship toward certification with a specialty board. Arrangements must be made for recognition of the internship by the medical school and by medical licensure boards of the various states. Rather than have hospitals issue separate internship certificates the medical school must issue a certificate that covers the full period of training. The greatest problems were posed by students who requested substitution of one service for another which was originally called for on the schedule. This program of two year internships for general practice is considered to be still in the experimental stage, and results will be appraised later when its value to the future general practitioner may be determined. In general, the opinion of all concerned in Minnesota was that two years of some type of hospital training other than that usually afforded by the rotating internship is required to fit the recent graduate in medicine for general practice.

DISCUSSION ON PAPERS BY DRS. JOHNSON AND WEAVER.

DR. KARL MEYER, Medical Superintendent, Cook County Institutions, and Chairman, Committee on General Practice, Chicago: Unless medical schools and hospitals begin at once to train sizable groups of graduates each year for family practice, some other agency will force this issue to the embarrassment of organized medicine. An internship that will develop good family physicians must be long enough to give good working knowledge of all the specialties. This is favored by a two year rotating internship, which will permit men to carry out the minor services in these specialties and at the same time help them decide where and when the service of a specialist is needed. Family practice need not become just a clearing house for patients, as the majority of ills can be handled by a graduate of an approved medical school who has had a good rotating internship of preferably not less than eighteen months. It was noted that the greatest deficiency in medical teaching lies in the department of therapeutics. Courses in prescription writing based on Useful Drugs would be most important. Because of this lack of knowledge among new graduates there is a large amount of useless and sometimes harmful medication prescribed. Such training should be emphasized during the internship. As the general practitioner is on the front line of medical practice, he should constantly have available to him short courses relating to the newer developments in medicine. Likewise, inasmuch as study of the basic sciences still constitutes the basis for modern medicine, the general practitioner should have opportunity for refresher courses to bring him a fuller view of what medicine can accomplish and where efforts can be directed to improve the general health of the community. Finally, attendance at necropsy and pathologic conferences is necessary, as only a physician who has never followed his patients to the necropsy table can remain smug in his appraisal of his own diagnostic ability.

DR. WARD DARLEY, Dean, University of Colorado School of Medicine, Denver: I think we must recognize that specialization has been a necessary and beneficial development and that it is here to stay; but it is hard to visualize a comprehensive and satisfying type of medical care that will be dependent entirely on specialists or groups of specialists. It is essential that someone in the medical family be prepared to fill the gap between the patient as a person and his occasional needs for a specialist. Some say this individual should be the general practitioner and some say he should be the internist. Be this as it may, our scheme for medical care has a place for a person who is fundamentally trained as a physician and all that name implies. The answer lies in the fundamental training of this basic physician. First, the problem should be approached from the standpoint of the selection of medical students. Here the important question of motivation comes up for assessment, and unfortunately at present this is most difficult. I wish that motivation could be estimated as easily as aptitude and scholastic ability.

After the medical student is selected, before he is oriented to pathology, he should be oriented to the health person, to medicine as human biology. He should be trained to be critical. A research attitude should dominate his methods and thinking. Every effort should be made to challenge the student's interest in personal as well as in community preventive medicine. He should approach medicine with the idea of being a health counsellor or a health coordinator from birth to death. He should certainly be well oriented in the field of psychosomatic medicine and in the sciences that are basic in clinical psychiatry, psychobiology and psychopathology.

Orientation of the medical student to human disease or to human biology as medicine should be grafted on the appreciation of nor-

hundred and ninety-six osteopaths were examined by basic science boards.

Under the sponsorship of the Council on Medical Education and Hospitals of the American Medical Association, the Association of American Medical Colleges and other professional educational agencies, medical education in America has been established on a uniform university basis. It is within the power and opportunity of the existing boards of examiners in the basic sciences to profoundly influence and advance the standards of medical education and licensure in this country, if they choose to do so.

DR. IRVING S. WRIGHT, Associate Professor of Clinical Medicine, Cornell University Medical College, read a paper on "Medical Education in New York, Germany and Austria," which appears in full in this issue of THE JOURNAL.

DR. JACOB L. LOCHNER JR., Secretary, Albany, New York, State Board of Medical Examiners, read a paper entitled "Licensure Evaluation of European Medical Graduates," which appears in full in this issue of THE JOURNAL.

Recent Legislation Affecting Medical Licensure

DR. J. W. HOLLOWAY Jr., Bureau of Legal Medicine, American Medical Association, Chicago: There have been three recent court decisions affecting licensure.

1. *Davis et al. v. Beeler, Attorney General et al.* decided by the Supreme Court of Tennessee Nov. 29, 1947.—An indictment was returned against members of the board of naturopathic examiners and others charging conspiracy to violate the laws of the state in that the defendants combined to effect the licensure of unqualified persons. Twenty-seven defendants were indicted, eighteen entered pleas of nolo contendere, and fines were imposed ranging from $100 to $1,000. Prior to imposition of fines the legislature had repealed the naturopathic act and forbidden previous licencees from practice. Fines only were considered justified because the state was not put to the expense of trial.

A subsequent proceeding in equity instituted by a number of naturopaths to declare invalid the legislative action was denied on Nov. 29, 1947 by the Supreme Court of Tennessee, which sustained in its entirety the legislative action. Evidence was that the legislature thought there was too much "border lining" in the practice of naturopathy and was determined to stamp out the evil which was practiced to the definite injury of credulous sufferers.

2. *Board of Medical Registration and Examination of Indiana v. Peter S. Kaadt.*—Kaadt's license was revoked by the board following a charge of gross immorality in connection with his practice. Kaadt, operating the Kaadt Diabetic Institute and holding himself out to be a specialist in diabetes, was considered by the court to know that the treatment which he was offering was not a cure or proper remedy for diabetes and therefore to be guilty of a scheme to defraud. Kaadt maintained that this attitude would have a crippling effect on the advance of medical science in that it would prevent use of new remedies. The court disagreed, saying that the physician is not specifically limited to all generally approved treatments but that new methods of treatment should pass through an experimental stage of development and that a physician is not authorized to try untested experiments on patients. Kaadt was considered sufficiently educated in his profession that his acts could not be considered mistakes arising out of inexperience or lack of knowledge. The court believed that there was sufficient evidence to support the finding of the board, and the order of revocation was sustained.

3. *Jaffee v. State Department of Health,* decided by Superior Court, Hartford County, Conn., Dec. 8, 1947.—The State Department of Health revoked Jaffee's license on the finding that he treated a patient in a fraudulent, dishonorable, unprofessional and incompetent manner. Jaffee contended that there was no expert testimony to prove this. The court disagreed with Jaffee's contention and held in effect that members of the board of examiners were justified in relying on their own specialized knowledge as to whether the facts presented to them constituted treatment in a fraudulent, dishonorable, unprofessional and incompetent manner. The court concluded that there was no evidence that the board violated rules of law or acted illegally, arbitrarily, capriciously or in abuse of its discretion. The revocation was sustained.

New legislation before state legislatures includes a Massachusetts bill (H. 703) for establishment of the University of Massachusetts in Boston to include a medical school and a similar bill in New York (A. 348) to establish in the city of New York an Empire State University in which will be a school of medicine. Mississippi also contemplates a bill (H. 24) to construct an accredited four year medical school. Recent legislation introduced in Congress would specifically qualify for licensure in the District of Columbia applicants who hold certificates from the National Board of Medical Examiners.

The Importance of Potassium.—Abundant evidence is available indicating the importance of potassium for the normal functioning of nervous tissue. The energy rich carbohydrates and organic phosphates exist and function in nervous tissue much as they do in muscle tissue, and the dependence of them upon potassium can be assumed. There is some evidence in support of this. Potassium, is also, known to play an important role in the release of acetylcholine and has been found essential for the resynthesis of choline acetylase, an enzyme essential for the synthesis of acetycholine. Its importance in the transmission of the electrical impulse along nerve fiber or across the myoneural junction is generally recognized. Gasa, Cherkasky, M., and Savitsky, N.: *Medicine,* February 1948.

Medical Examinations and Licensure

COMING EXAMINATIONS AND MEETINGS

NATIONAL BOARD OF MEDICAL EXAMINERS EXAMINING BOARDS IN SPECIALTIES

Examinations of the National Board of Medical Examiners and the Examining Boards in Specialties were published in the JOURNAL, April 17, page 1064.

BOARDS OF MEDICAL EXAMINERS

ALABAMA: Examination. Montgomery, June 22-24, 1948. Sec., Dr. D. G. Gill. 519 Dexter Ave., Montgomery 4.

ARKANSAS:* Examination. Little Rock, June 3-4. Sec., Medical Board of the Arkansas Medical Society, Dr. L. J. Kominsky, Texarkana. Reciprocity: Little Rock, June 3. Sec., Dr. C. H. Young. 1415 Main St., Little Rock.

CALIFORNIA: Oral. San Francisco, June 5-6; Los Angeles, Aug. 7-8. Written Examination. San Francisco, June 7-10; Los Angeles, Aug. 9-12. Oral and Clinical Examination for Foreign Graduates. San Francisco, June 6. Sec., Dr. Frederick N. Scatena, 1020 N. Street, Sacramento 14.

COLORADO:* Examination. Denver, June 21-23. Final date for filing application is June 5. Sec., Dr. J. B. Davis, 831 Republic Bldg., Denver.

DISTRICT OF COLUMBIA:* Examination. May 10-11. Sec., Commission on Licensure, Dr. G. C. Ruhland, 6130 E. Municipal Bldg., Washington.

FLORIDA:* Examination. Jacksonville, June 29-30. Sec., Dr. Harold D. Van Schaick, 6675 Windsor Lane, La Gorce Island, Miami Beach 41.

GEORGIA: Examination. Atlanta, June 8-9. Endorsement. June 10. Sec., Mr. R. C. Coleman, 111 State Capitol, Atlanta.

ILLINOIS: Chicago, June 29-July 1, Sept., Dept. of Registration and Education, Mr. Fred V. Bugg, Springfield.

INDIANA: Examination. Indianapolis, June 15-17, 1948. Sec., Board of Medical Registration and Examination, Dr. Paul B. Tindall, 416 K. of P Bldg., Indianapolis.

KANSAS: Kansas City, June 9-10. Sec., Board of Medical Registration & Examination, Dr. J. F. Hassig, 905 N. 7th St., Kansas City.

KENTUCKY: Examination. Louisville, June 16-18. Sec., Dr. P. E. Blackerby, 620 S. 3rd St., Louisville.

MARYLAND: Medical Examination. Baltimore, June 15-18. Sec.-Treas., Dr. Lewis P. Gundry, 1215 Cathedral St., Baltimore. Homeopathic Examination. Baltimore, June 15-16. Sec., Dr. J. A. Evans, 612 W. 40th St., Baltimore.

MICHIGAN:* Examination. Parlor A, Olds Hotel, Lansing, June 9-11. Sec., Board of Registration in Medicine, Dr. J. E. McIntyre, 100 W. Allegan St., Lansing.

MISSISSIPPI: Jackson, June 28-29, 1948. Asst. Sec., State Board of Health, Dr. R. H. Whitfield, Jackson.

MISSOURI: Examination. St. Louis, May 24-26. Final date for filing application is April 24. Exec. Sec., Mr. John A. Hailey, State Capitol Bldg., Jefferson City.

NEBRASKA:* Examination, Omaha, June 7-9. Dir., Mr. Oscar F. Humble, Room 1009 State Capitol Bldg., Lincoln 9.

NEVADA: Carson City, May 3. Sec., Dr. G. H. Ross, 215 N. Carson St., Carson City.

NEW HAMPSHIRE: Concord, Sept. 9. Sec., Board of Registration in Medicine. Dr. J. S. Meeker, Room 107, State House, Concord.

NEW JERSEY: Examination, Trenton, June 15-17. Sec., Dr. E. S. Hallinger, 28 W. State St., Trenton.

NEW YORK: Examination. Various Centers, June 28-July 1. Sec., Dr. J. L. Lochner Jr., State Education Bldg., Albany.

NORTH CAROLINA: Endorsement. Pinehurst, May 4. Sec., Dr. Ivan Proctor, 226 Hillsboro St., Raleigh.

NORTH DAKOTA: Grand Forks, July 6-9. Sec., Dr. G. H. Williamson, 414 S. 3rd St., Grand Forks.

OHIO: Examination. Columbus, June 21-24. Sec., Dr. H.M. Platter, 21 W. Broad St., Columbus 15.

OKLAHOMA:* Oklahoma City, June 2-3. Sec., Dr. Clinton Gallaher, 813 Braniff Bldg., Oklahoma City.

OREGON:* Examination. July and Jan. Sec., Miss L.M. Conlee, 608 Failing Bldg., Portland.

PENNSYLVANIA: Examination. Philadelphia & Pittsburgh, July. Act. Sec., Bureau of Professional Licensing, Mrs. M. G. Steiner, 351 Education Bldg., Harrisburg.

SOUTH CAROLINA: Written Examination. Columbia, June 21-23. Endorsement. May 3. Sec., Dr. N. B. Neyland, 1329 Blanding St., Columbia.

SOUTH DAKOTA:* Pierre, July 20-21. Sec., Dr. Gilbert Cotton, Capitol Bldg., Pierre.

TENNESSEE:* Examination. Memphis & Nashville, June 9-10. Sec., Dr. H. W. Quelle, 1635 Exchange Bldg., Memphis.

TEXAS: Waco, June 16-18. Sec., Dr. H. F. Connally, 1305 Amicable Bldg., Waco.

UTAH: Examination. Salt Lake City, June, 1948. Asst. Dir., Department of Registration, Miss Rene B. Loomis, 324 State Capitol Bldg., Salt Lake City.

VIRGINIA: Examination. Richmond, June 18-19. Endorsement. Richmond, June 17. Sec., Dr. K. D. Groves. 306 Medical Arts Bldg., Roanoke.

WEST VIRGINIA: Charleston, July 5-7. Coms., Public Health Council, Dr. N. H. Dyer, State Capitol Bldg., Charleston.

WISCONSIN:* Milwaukee, June 29-July 1. Sec., Dr. C. A. Dawson, Tremont Bldg., River Falls.

WYOMING: Examination. Cheyenne, June 7. Sec., Dr. G. H. Anderson, Capitol Bldg., Cheyenne.

* Basic Science Certificate required.

BOARDS OF EXAMINERS IN THE BASIC SCIENCES

ARIZONA: Examination. Tucson, June 15. Sec., Mr. Francis A. Roy, Univ. of Arizona, Tucson.

ARKANSAS: Little Rock, May 4. Sec., Mr. L. E. Gebauer, 1002 Donaghey Bldg., Little Rock.

COLORADO: Examination. Denver, June 2-3. Sec., Dr. E. B. Starks, 1459 Odgen St., Denver.

CONNECTICUT: Examination. June 12., Exec. Asst., Mr. W. G. Reynolds, 110 Whitney Ave. New Haven 10.

FLORIDA: Examination. June 5. Final date for filing application is May 23. Sec., Mr. M. V. Emmel, Univ. of Florida, Gainesville.

IOWA: Des Moines, July 13, Oct. 12. Sec., Dr. Ben H. Peterson, Coe College, Cedar Rapids.

MICHIGAN: Examination. Ann Arbor and Detroit, May 14-15. Sec., Miss Eloise LaBeau, 101 N. Walnut St., Lansing 15.

MINNESOTA: Examination. Minneapolis, June 1-2. Sec., Dr. Raymond N. Bieter, 105 Millard Hall, Univ. of Minnesota, Minneapolis.

NEBRASKA: Examination. Omaha, May 4-5. Dir., Bureau of Examining Boards, Mr. Oscar F. Humble, Room 1009 State Capitol Bldg., Lincoln 9.

NEW MEXICO: Examination. Santa Fe, May 2. Sec., Miss Marguerite Kilkenny, State Capitol Bldg., Santa Fe.

OREGON: Examination, Portland, June 19. Final date for filing application is June 2. Sec., Basic Science Examining Committee, Dr. C. D. Byrne, Univ. of Oregon, Eugene.

RHODE ISLAND: Examination. Providence, May 12. Chief, Div. of Professional Regulation, Mr. Thomas B. Casey, 366 State Office Bldg., Providence.

SOUTH DAKOTA: Examination. Vermillion, June 4-5. Sec., Dr. G. M. Evans, 310 E. 15th St., Yankton.

TENNESSEE: Examination, Memphis, July 5-6. Sec., Dr. O. V. Hyman, 874 Union Ave., Memphis.

WISCONSIN: Examination. Milwaukee, June 5. Final date for filing application is May 29. Sec., Prof. V. H. Barber, Scott & Watson Sts., Ripon.

Current Medical Literature

AMERICAN

The Association library lends periodicals to members of the Association and to individual subscribers in continental United States and Canada for a period of three days. Three journals may be borrowed at a time. Periodicals are available from 1937 to date. Requests for issues of earlier date cannot be filled. Requests should be accompanied with stamps to cover postage (6 cents if one and 18 cents if three periodicals are requested). Periodicals published by the American Medical Association are not available for lending but can be supplied on purchase order. Reprints as a rule are the property of authors and can be obtained for permanent possession only from them.

Titles marked with an asterisk (*) are abstracted.

American Heart Journal, St. Louis

35:1-160 (Jan.) 1948

Electrocardiographic Diagnosis of Right Ventricular Hypertrophy. G. B. Meyers, H. A. Klein and B. E. Stofer.-p.1.
Variations in Deviations of S-T in Anterior Wall Infarction. W. Dressler and H. Roesler.-p. 58.
*Spinal Nerve Root Pain (Radiculitis) Simulating Coronary Occlusion: Common Syndrome. D. Davis.-p. 70.
*Extrasystoles in Groups. D. Scherf and F. J. Romano.-p. 81.
*Use of Dicumarol in Experimental Coronary Occlusion. I. Ineffectiveness of Dicumarol When Ligation is Method of Occlusion. E. J. Beattie, E. C. Cutler, M. Fauteux and others.-p. 94.
Clinical Analysis of S Wave Pattern Electrocardiogram. Investigation Including Extensive Unipolar Lead Studies. J. Pershing and L. A. Baker.-p. 106.
"Angioneosohyperplasia": Generalized Noninflammatory Occlusive Arterial Disease. T. Ray, H. K. Stauss and G. E. Burch.—p. 117.
*Rupture of Heart Following Acute Myocardial Infarction. Incidence in Public Hospital, with 5 Illustrative Cases Including One of Perforation of Interventricular Septum Diagnosed ante Mortem. R. S. Diaz-Rivera and A. J. Miller.—p. 126.
Paroxysmal Auricular Tachycardia at Rate of 86 per Minute: Report of Case. R. Miller, D. Biber and J. S. Perelman.—p. 134.
Wolff-Parkinson-White Syndrome in Case of Congenital Heart Disease. M. H. Stein.—p. 140.

Spinal Nerve Root Pain Simulating Coronary Occlusion.—Davis states that dorsal spine radiculitis with acute attacks of anterior thoracic pain may simulate coronary artery disease. Histories of 10 patients who had pain in the chest characteristic of coronary disease are presented. Attacks were often confined to the substernal or precordial regions. Pain was frequently severe, prolonged and described as a pressure sensation, a heaviness, a viselike constriction or an expanding discomfort. Pain radiated to the left upper extremity and to the neck, accompanied by a choking sensation. Occasionally it radiated to the jaw, and in a few instances severe attacks were accompanied with pallor and excessive perspiration. Several patients complained of respiratory distress. Attacks occurred (1) in bed at night; (2) after certain movements of the spine, such as bending, turning from side to side or getting out of bed, and (3) after such acts as coughing, sneezing, or straining at stool or after prolonged sitting. Most important diagnostically was the reproduction of attacks by pressure over the dorsal vertebrae. Such attacks, although short in duration, could be reproduced in many patients with recent acute symptoms. Induced pain had the same location, distribution and character as in spontaneous attacks. Poor posture, spasm of the posterior cervical muscles and tenderness in the region of the costochondral junctions of ribs and sternum were present in many patients. Diagnosis was confirmed in some by the striking response to therapy consisting of postural correction, bed boards, exercises and, particularly, manipulation and traction of the cervicodorsal spine.

Extrasystoles in Groups.—Scherf and Romano say that two beats following each other within a short time and separated from the next identical group by a longer diastole are classified among the allorhythmias called bigeminy, or coupled beats. This term, coined prior to the electrocardiographic era, includes at least three separate disturbances. There is the succession of groups in which each beat of the basic rhythm is followed by a premature contraction; in this instance the term bigeminy as a synonym for coupled rhythm is generally accepted. A second form was recognized with the aid of the electrocardiograph as due to an auriculoventricular block, and the third disturbance is a rare condition which Wenckebach named true bigeminy. In this type both beats of each group look alike in the electrocardiogram, for they originate in the same focus.

Instances of alteration of cycle length during an auriculoventricular nodal tachycardia and during a paroxysmal ventricular tachycardia in man are described. In the latter case a similar phenomenon was observed during the change from the tachycardia to sinus rhythm following an intravenous injection of quinine. Application of barium chloride or strophanthin to small areas of the cardiac surface of the dog also caused groups of extrasystoles separated by longer pauses. Arrhythmias were often elicited during vagus and following sympathetic stimulation in these experiments. Finally, the phenomenon was observed during warming of the site of origin of extrasystoles produced by subepicardial injection of strophanthin. Similar observations in the literature are discussed.

"Dicumarol" in Experimental Coronary Occlusion.—Successful use of anticoagulant therapy in certain other thrombotic or thromboembolic disease states has stimulated trial of a similar approach to the treatment of acute coronary thrombosis. Beattie and his co-workers determined the effect on experimental coronary artery occlusion of anticoagulant therapy begun after the thrombotic process had begun. Experiments were performed on 40 healthy dogs. At first, attempts were made to produce thrombosis by crushing the artery. At later experiments ligation was used exclusively. Evidence that "dicumarol" has a favorable effect on the evolution or outcome of established experimental myocardial infarction was lacking. However, the authors call attention to the limitations of the experiments.

Rupture of Heart in Myocardial Infarction.—Diaz-Rivera and Miller report that among 1,250 necropsies performed at the Louisville General Hospital during the five years from 1939 to 1944, a total of 147 cases presented myocardial infarction. Of these 94 were old infarcts and 53 were fresh infarcts. In recent infarction, 5 patients died from rupture of the heart. In 4, perforation of the left ventricle occurred, and in 1, rupture of the interventricular septum. Rupture of the interventricular septum was recognized ante mortem. Diagnosis was based on history of severe anginal pain, the sudden appearance of a systolic murmur which rapidly increased in intensity and electrocardiographic evidence of myocardial infarction and right axis deviation. In every instance of rupture of the left ventricle, antemortem clotting in the pericardial sac was observed. It is evident that in the majority of the patients death did not occur instantaneously with cardiac rupture.

FOREIGN

An asterisk (*) before a title indicates that the article is abstracted. Single case reports and trials of new drugs are usually omitted.

British Journal of Surgery, Bristol

35:113-224 (Oct.) 1947

*Papillomatous Disease of Renal Pelvis. J. B. Macalpine. p. 113.
Bilateral Renal Papillomata: Two Cases. J. B. Macalpine.—p. 132.
Case in which Two Dissimilar Growths, an Adenoma (Adenocarcinoma) and Papillo-Carcinoma, Occurred in Same Kidney. J. B. Macalpine. —p. 134.
*Papilloma of Renal Pelvis in Dye Workers: Two Cases, one of which Shows Bilateral Growths. J. B. Macalpine.—p. 137.
Treatment of Bladder Cancer. R. Shackman.—p. 140.
Carcinoma of Ampulla of Vater. J. Morley.—p. 146.
*Use of Autogenous Grafts for Repair of Large Gaps in Peripheral Nerves. H. J. Seddon.—p. 151.
*Histologic Observations on Repair of Nerves by Autografts. W. Holmes. —p. 167.
Cleft Palate and Mechanism of Speech. M. C. Oldfield.—p. 173.
Pheochromocytoma. J. W. S. Blacklock, J. W. Ferguson, W. S. Mack and others.—p. 179.
Thoracoabdominal Wound. Some Observations on 20 Personal Cases. E. G. Tuckwell.—p. 197.
Transplantation of Biceps Tendon as Treatment for Recurrent Dislocation of Elbow. P. P. Reichenheim.—p. 201.
Note on Cranial Autoplasty. H. P. Pickerill.—p. 204.

Papillomatous Disease of Renal Pelvis.—Macalpine reviews 19 cases of papillomatous disease of the renal pelvis which were collected over a period of twenty-nine years. The patients have been carefully followed, making it possible to take a long term view and to judge the remote results. The author thinks that tumor cells found in the urine and a papilloma protruding from the ureter as seen cystoscopically is the only unmistakable evidence of a papilloma of the upper urinary passages. Many renal papillomas are clinically indistinguishable from the commoner hypernephromas. Pyelograms are frequently helpful, showing a characteristic filling defect, possibly with a crenated margin. A few cases simulate calculous disease or hydronephrosis. Without a correct diagnosis, the ureter will not be removed and a ureterectomy will be required subsequently. The correct treatment is ureteronephrectomy. If the nature of the disease is known beforehand the passages will not be opened, as papillomatous material would be implanted in the wound, where it invariably takes on cancerous propensities, as illustrated by 4 cases in this series. The terminal ureter is usually more heavily involved than any other part of that tube. It must be cut flush with the bladder, and means must be employed to insure the destruction of seedlings within the intramural ureter. It is unwise to remove a disk of the bladder, because: (*a*) this materially increases the severity of the operation; (*b*) vesical papillomas can be dealt with satisfactorily per urethram (*c*) the fundamental precaution is to guard against implantation in the wound, this being more easily achieved when the section passes through the ureter than when it involves the bladder. A ureteric papilloma may be the primary growth but is more likely to be a seedling from above. In either event the proper treatment is ureteronephrectomy.

Papilloma of Renal Pelvis in Dye Workers.—As early as 1895 Rehn called attention to the fact that papillomatous disease of the bladder is more prevalent among dye workers than among members of the general population. Macalpine observed many examples of these vesical growths in dye workers in Manchester. The 2 patients reported in this paper first were hospitalized with papillomatous disease of the bladder, and later renal pelvic papillomas developed. In the second of these patients the papillomas were bilateral. Renal growths were discovered in 1 case four years and in the other over five years after the vesical neoplasm first became manifest. In each case, though excretion urograms had been obtained at the time of the original investigation and on at least one subsequent occasion, the neoplasm was regularly overlooked till it had grown to a large size, in spite of the fact that the bladders had been under periodic cystoscopic review. The preceding vesical disease had focused attention unduly on that organ. Subsequently it became routine practice to order excretion urograms at relatively short intervals for these papilloma-forming subjects. In the first patient the renal tumor must be regarded as an independent primary neoplasm. The author also regards the tumors of the second patient as three primary growths, and if this view is correct, it proves the strength of the stimulant to tumor formation. The literature records 6 other examples of pelvic papillomas in dye workers.

Autogenous Grafts for Repair of Nerves.—Seddon says that analysis of 1,861 cases of injury to nerves showed that 699 required operative repair. The standard method of repair is mobilization of the nerve stumps, resection back to healthy bundles centrally and peripherally, and end to end suture with the limb in a position that permits easy approximation. Unfortunately, recent experience has shown that if the gap closed is large, say 11 cm. in the case of the lateral popliteal nerve or 9 cm. in the case of the median, the postoperative stretching, however carefully carried out, damages the nerve to such an extent as to preclude useful recovery. End to end suture was carried out in 71 per cent of 699 cases, bulb suture in 0.4 per cent and suture with bone shortening in 0.4 per cent. There is no evidence that heterogenous and homogenous nerve grafts are of the slightest use; only autogenous nerve grafting offers any prospect of success. In 58 cases in which extensive gaps have been repaired by autogenous grafts 52 have been followed long enough to permit assessment. The operation was of value in 35 of 52 cases. Grafts may be taken from any cutaneous nerve, though only from the part in which branches are not given off. The most suitable are the medial cutaneous nerve of the forearm, where it lies in the arm; the sural proximal to the lateral malleolus; the superficial radial proximal to the wrist, and the saphenous in the thigh. Single strands are used for the repair of small nerves; two or four strands may be employed for bridging gaps in large nerves. When two main trunks have been extensively damaged, a segment from the less important may be used for the repair of the gap in the more important nerve. All grafts shrink, and the graft should therefore be about 15 per cent longer than the gap to be repaired. The diameter of the graft or collection of grafts must be at least equal to that of the peripheral stump of the nerve. A graft is revascularized from the nerve stumps but is also nourished from the bed in which it lies. Scar tissue should therefore be removed if possible. In lay grafting is the ideal treatment for partial division of a nerve. Main trunk grafts are sutured in the usual way to the stumps of the host nerve. Cutaneous grafts, whether used singly or in the form of a cable, are best attached with concentrated fibrinogen, which can be made to set rapidly into a firm clot.

Histologic Aspects of Nerve Repair.—Holmes took biopsies from two grafts, each formed of two parallel lengths of the lateral popliteal nerve and placed sixteen and twenty-two months previously in a gap in the medial popliteal nerve. In both cases the lateral popliteal nerve had itself been divided by the original injury. Three of the grafted lengths of nerve were taken from the distal stump and so were predegenerated; these were found to be satisfactorily reinnervated. One of the grafted pieces was taken from the proximal stump and was normal when transplanted; the biopsy from this nerve was necrotic, and there was no evidence of regeneration. In three cases nerves were experimentally transplanted and later examined histologically. One transplant was of a segment of the posterior interosseous nerve and was sutured to a normal proximal stump. It was found to be abundantly reinnervated and normal in all respects. Two segments of the radial nerve were treated as free transplants; they showed some abnormalities of degeneration, but none so severe as to prevent their serving as successful grafts. Full thickness autografts offer considerable prospects of success. Grafts taken from the distal stump of a divided nerve may be more successful than those from the proximal stump, since they are better able to survive the temporary ischemia of transplantation. Excessive collagenization of the endoneurium in the distal stumps of digital nerves is considered to be an important cause of failure in grafting operations in the hand.

J. Royal Inst. Public Health and Hygiene, London

10:382-415 (Dec.) 1947

Infantile Paralysis. H. J. Seddon.—p. 390.
Health Factor in Town Planning. A. Ling.—p. 396.

Acta Medica Scandinavica, Stockholm

129:213-310 (Nov. 25) 1947. Partial Index

*Histamine Level of Blood in Patients with Gastric or Duodenal Ulcer Before and After Treatment with Aluminum Hydroxide. A. C. M. Verschure and T. Strengers.—p. 274.
Predisposing Factors in Colibacillosis. E. Adlercreutz.—p. 282.

Histamine in Ulcer Patients.—Lips and his associates say that although there seems to be a relationship between gastrointestinal ulcers and histamine, some factors still require investigation. They found that of 60 patients in whom gastric or duodenal ulcer had been proved by roentgen examinations, only 10 patients showed an increased histamine level of the blood. There was no apparent correlation between the secretion of gastric acid and the histamine level of the blood. The histamine levels in patients with gastric ulcer were not different from those found in patients with duodenal ulcer. In 37 patients the histamine content of the blood was determined after treatment with diet and continuous administration of colloidal aluminum hydroxide. From these values a definite increase of the histamine became apparent, although a decrease was expected. It is questionable whether the increase is a direct result of the healing of the ulcer or is due to other factors. The authors suggest the following possibilities: 1. A change in p_H of the contents of the colon after administration of aluminum hydroxide may create an optimal medium for a histaminogenic intestinal flora and thus promote the resorption of histamine from the intestine. 2. Most of the patients become constipated by the diet and the long rest in bed. Resorption of histamine from the contents of the colon may therefore last longer and occur more easily. 3. The inflamed tissue around the ulcer, which is rich in histamine, is resorbed during the healing process.

Harefuah, Jerusalem-Tel Aviv

33:173-188 (Dec. 1) 1947

Cholera Epidemic in Egypt and its Potential Danger to Palestine. W. Strauss.—p. 173.
*Preventive Inoculation Against Cholera. W. Silberstein.—p. 174.
Notes on Cholera Epidemic in Burma. E. Steinitz.—p. 175.

Preventive Inoculation Against Cholera.—Silberstein points out that there is no general invasion of the body or of the blood by the cholera vibrio. The micro-organism remains localized in the intestine, and symptoms are due to the action of the vibrio there and to the absorption of the toxin. The cholera vibrio is not brought into direct contact with the blood serum as in the case of typhoid, when the typhoid bacillus invades the blood. Some human beings seem to possess a degree of natural immunity to prevent infection. The acidity of gastric juice apparently suffices for the destruction of the vibrio and may explain the escape from infection in some instances. Vibrios have been found in the feces of carriers without clinical evidence of cholera. One attack of the disease generally confers immunity. In 1885 Ferran injected small doses of a living broth culture subcutaneously, but results were unsatisfactory. In 1892 Haffkine prepared two kinds of living vaccine; results were not sufficiently conclusive. The author thinks that the threat to other countries from the cholera epidemic in Egypt will increase as the epidemic ends there and carriers pass the reopened frontier. Important measures to be taken are protection of the drinking water against infection, continuous supervision of sanitary conditions and strict hygiene in the kitchen. Countrywide protective vaccination, on the other hand, is unnecessary or at any rate premature in view of its uncertain and shortlived effectiveness.

Journal de Médecine de Lyon

28:847-888 (Dec. 5) 1947. Partial Index

Pneumococcic Meningitis. H. Naussac and J. Durant.—p. 847.
*Treatment of Infectious Endocarditis with Regard to 14 Cases Treated with Large Doses of Penicillin: Immediate Results and After Several Months. B. Muller and G. Marandon.—p. 863.

Treatment of Infectious Endocarditis.—Muller and Marandon present observations on 14 patients with infectious endocarditis whom they treated with large doses of penicillin. Five had streptococcic endocarditis, 3 had staphylococcic endocarditis and in the other 6 the causal organism could not be identified. In 10 cases the immediate results were favorable, but in 4 cases the patients died. Treatment with large and sometimes enormous doses of penicillin constitutes a veritable revolution in the treatment of infectious endocarditis. In the great majority of cases it causes complete disappearance of the infectious process. To obtain these favorable results the treatment must be carried out in a hospital under careful medical supervision. The daily dose should be not less than 480,000 units and frequently as high as a million. The daily dose may, if necessary, be increased to 2, 3 or 4 million units or more. The treatment must be continued for more than a month. In order to check the late results and to detect relapses, the patient should be reexamined at definite intervals. The authors were able to ascertain the late results in 9 of their 10 surviving patients; in these the favorable results had persisted for more than four months, in some for more than a year. Since relapses usually occur during the first few months, the late results in the tenth patient cannot as yet be estimated because insufficient time has elapsed.

Schweizerische medizinische Wochenschrift, Basel

77:1350-1376 (Dec. 27) 1947. Partial Index

Tuberculosis of Young People Who Have Passed Legal Age for Attending School. H. Winkler and E. Meier.—p. 1350.
*Effect of Urethane on Normal Blood Picture in Man. S. Moeschlin and J. Meili.—p. 1351.
*Defense Function of Human Body Against Malaria. M. Lauterburg-Bonjour.—p. 1359.

Effect of Urethane on Normal Blood Picture.—Moeschlin and Meili studied the effect of urethane on the blood of 20 persons who were given 3 to 4 Gm. of the drug daily by mouth as a substitute for other sedatives for a period of one to two months. There was a slight increase in the number of lymphocytes in the first two or three days, followed by a pronounced drop in their number, reducing them in four weeks to from one third to one fifth of their former value. There was a successive increase in lymphocytes when urethane was discontinued. The drop in lymphocytes was in general more pronounced in persons whose initial values of lymphocytes were higher than in those with lower initial values. In certain hypersensitive persons the therapeutic dose of urethane used by the authors may cause a nearly complete disappearance of the lymphocytes associated with a pronounced deterioration of the general health, so that the drug must be discontinued, e. g. in Hodgkin's disease or in chronic myeloid leukemia. It is therefore advisable to watch the absolute number of lymphocytes in all patients treated with urethane for a prolonged period. In the majority of instances the effect of urethane on the granulocytes was less pronounced and evidently slower; the granulocytes usually increased in number in the first ten days, on the average by 1,500, and then there was a drop until in the third week their number was below the initial value; after eight weeks, on the average, the neutrophils were reduced by one fourth to one fifth of their initial value, and the same applied to eosinophils and monocytes, while there was no change in the number of the thrombocytes. An individual hypersensitiveness of the granulocytopoiesis toward urethane was observed in 1 case of postencephalitic parkinsonism in which the drop in granulocytes continued for twenty days after the drug was discontinued because of the great drop in lymphocytes. Except in 1 instance the erythrocytes and reticulocytes did not show a definite drop in number. Urethane affects principally the cells observed in chronic leukemias, which are probably degenerated neoplastic cells. It also affects the normal lymphocytes and to a limited extent the normal granulocytes. Urethane has an inhibitory effect on mitosis in all its stages.

Defense Function Against Malaria.—According to Lauterburg-Bonjour, immunity against malaria is of a complex nature. Various mechanisms participate in its production; normal phagocytosis as well as its stimulation by humoral factors, parasiticide and antitoxic substances have been demonstrated. The artificial immunity is not permanent; it is definitely specific not only for the species but even for the strain. In endemic areas man may be benefited by a latent malaria, being protected at least against a new infection with the same malarial strain. It is suggested that the increased incidence of malaria in certain populations which are migrating to other regions may depend on the fact that new strains may not be susceptible to the once developed immune bodies and consequently the plasmodia will have a chance to proliferate, thus causing recurrences of the disease. Intuitive knowledge and observations suggested that treatment with quinine should be instituted only after several attacks of fever. In the light of new research this does not seem to be advisable, since the immunizing forces are too transitory to be relied on.

Book Notices

Trichomonas Vaginalis and Trichomoniasis. By Ray E. Trussell, M.D., Associate in Hygiene and Preventive Medicine, State University of Iowa, Iowa City, Iowa. With an introduction by E. D. Plass, M.D., Professor of Obstetrics and Gynecology, State University of Iowa. Cloth. Price, $6. Pp. 277, with 23 illustrations. Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, Ill., 1947.

This book is based not only on the author's intensive studies of the subject but also on a review apparently of every paper written about Trichomonas vaginalis and trichomoniasis. In the bibliography there are 1,586 references. The book is divided into three parts. The first deals with T. vaginalis, its morphology, growth requirements, preservation in cultures, chemistry, pathogenicity, identity of species and other characteristics. The second part considers infections due to T. vaginalis, their sites and incidence, source, incubation period, prognosis, pathology, laboratory diagnosis, clinical findings, immunity, relation to puerperal morbidity and abortion and other characteristics. The third section is concerned with treatment.

The author points out that, in spite of a common belief, the three trichomonads which commonly parasitize the human organism are morphologically and culturally distinct, and each one is adapted to its own environment in the mouth, intestine or genitourinary tract. Likewise, the common animal trichomonads are not related to those causing human infections.

Failure to cure trichomoniasis does not depend on an encysted stage, for the existence of which there is no convincing evidence, but on four factors: (1) rectal, urethral and glandular involvement were overlooked; (2) treatment was inadequate or inappropriate; (3) reinfection occurred, or (4) a drug resistant strain developed. The author emphasizes that the final work in the therapy of infections due to T. vaginalis is far from having been written. Much experimental work remains to be done. Ultimately, it is hoped that a compound will be discovered which can be given orally and be effective in eradicating the parasite.

This book is well written, it is authoritative, and it gives an unbiased analysis of every type of treatment advocated for the eradicafion of trichomoniasis. It has only a few illustrations, but they are clear and instructive. The type used makes reading easy. The book should be read by every one interested in T. vaginalis and trichomoniasis.

Diagnostik der Kindertrankheiten mit besonderer Berücksichtigung des Säuglings: Eine Wegleitung für praktische Ärzte und Studierende. Von Professor Dr. E. Feer. Fifth edition. Paper. Price, $7.90; 33.60 Swiss francs. Pp. 429, with 285 illustrations. Springer-Verlag OHG, Möhrbastei 5, Wien I. 1947.

The fifth edition of this popular book is characterized mainly by the clinical point of view for which Feer is so well known. It is not a book on differential diagnosis, as the title may lead one to think, but rather a book on the aids in diagnosis, mainly by means of physical examination. In these days of complicated laboratory examfinations it is refreshing to find a book that stresses inspection, palpation and auscultation. The laboratory examinations discussed are limited to routine urinalysis and blood tests, which can be done by the clinician in his office. Technic is not described. Only interpretations are discussed. The author points out symptoms and signs in various diseases and compares the normal with the pathologic. Much space is devoted to symptoms and signs during early infancy, with special reference to digestive disturbances. In this section the author deviates from his plan of the rest of the book and discusses diseases as entities. In his classification of digestive disturbances he follows, in the main, the nomenclature of Finkelstein, such as atrophy and decomposition. He also retains the terms Milchnährschaden and Mehlnärschaden of Czerny-Keller, terminology that is no more used by American pediatricians.

The new edition contains discussions on metabolism, endocrines and vitamin deficiency which were not included in the previous editions. Unfortunately these discussions are inadequate and could have been left out.

Feer's disease (acrodynia) receives a good deal of attention, more so than other infrequent diseases. This, however, is easy to understand and is excusable. The book, which is profusely illustrated, is a useful guide to clinical pediatrics. The most valuable lesson one carries away from it is the importance of observation in clinical medicine.

Synopsis of Obstetrics. By Jennings C. Litzenberg, B.Sc., M.D., F.A.C.S. Third edition. Fabrikold. Price, $5.50. Pp. 416, with 157 illustrations. The C. V. Mosby Co., 3207 Washington Blvd., St. Louis 3, 1947.

Few changes have been made in this edition. Practically all of the hundred and fifty-seven illustrations have been borrowed from other textbooks just as they were in the first two editions. Several chapters have been rewritten, but there are a few omissions. In the treatment of gonorrhea and syphilis penicillin is not mentioned. Nothing is said of the relationship of rubella in the mother during the first three months of pregnancy to fetal deformities. The author had Dr. R. W. Koucky write a section on the Rh factor in pregnancy, but he himself failed to associate the Rh factor with erythroblastosis. In fact he uses the term erythroblastosis as a synonym for "Edema of the Fetus" (Page 263) and for "General Dropsy" (Page 285), and he does not even mention the Rh factor in the short section on erythroblastosis. In the treatment of placenta previa the author still advocates Braxton Hicks version as one of the procedures, even though this way of treating placenta previa has been used less and less and has been condemned by several obstetric authorities. The use of a Willett or other forceps for traction on the baby's scalp is not mentioned. In the discussions of the various types of uterine hemorrhage blood transfusion is recommended, but nowhere is there a warning about the determination of the Rh factor before blood is transfused into a parturient woman.

In spite of the fact that this book is not up to the minute, it nevertheless contains the essential knowledge of obstetric practices and therefore is helpful.

A Hand-Book of Ocular Therapeutics. By the late Sanford R. Gifford, M.D., F.A.C.S. Revised by Derrick Vail, M.D., D.O., F.A.C.S., Professor of Ophthalmology, Northwestern University Medical School, Chicago. Fourth edition. Fabrikold. Price $5. Pp. 336, with 66 illustrations. Lea & Febiger, Washington Square, Philadelphia 6, 1947.

This well known book has been revised by Dr. Vail to bring it up to date. The chapter on muscles has been omitted but was not in order in a book on therapeutics. Dr. F. C. Cordes has revised the chapters on specific and nonspecific protein therapy and physical therapy and treatment of optic nerve disease, and Dr. John Bellows has brought up to date the parts on sulfonamide and antibiotic therapy. The book is a handy reference volume on ocular therapeutics and should continue to be popular with practicing ophthalmologists.

Communal Sick-Care in the German Ghetto. By Jacob R. Marcus, Ph.D., Adolph S. Ochs Professor of Jewish History, Hebrew Union College, Cincinnati. The Ella H. Phillipson Memorial Publications, Volume I. Cloth, Price, $4. Pp. 335. The Hebrew Union College Press, 34 W. Sixth St., Cincinnati 2, 1947.

This book deals with the sick among Jews through the Middle Ages. Although according to the title the subject is limited to sick care in the German ghetto, the book covers much more territory, extending to the health care of Jews not only in Germany but in the Roman Empire. The greater part of the book discusses the care of the sick among the Jews from the sixteenth to the nineteenth century. Several chapters are devoted to a description of the function of the Hebra Kadisha (The Holy Brotherhood), which made the care of the sick its special province. This care included not only medical and financial aid for the living but burial and ritual services for the dead when the illness terminated fatally. There are several interesting and informative chapters on Jewish hospitals, their number and character in both medieval and modern times.

Throughout the volume, there are historical references to folk medicine and to the care of the insane. Of particular interest is the material dealing with the role Jewish women played in the care of the sick. The book should serve as an excellent reference for anyone interested in the history of health care of the sick during the Middle Ages.

Queries and Minor Notes

THE ANSWERS HERE PUBLISHED HAVE BEEN PREPARED BY COMPETENT AUTHORITIES. THEY DO NOT, HOWEVER, REPRESENT THE OPINIONS OF ANY OFFICIAL BODIES UNLESS SPECIFICALLY STATED IN THE REPLY. ANONYMOUS COMMUNICATIONS AND QUERIES ON POSTAL CARDS WILL NOT BE NOTICED. EVERY LETTER MUST CONTAIN THE WRITER'S NAME AND ADDRESS, BUT THESE WILL BE OMITTED ON REQUEST.

X-RAY AND RADIUM FOR THE NASOPHARYNX

To the Editor:—Granting that radium treatment is the choice for lymphoid hyperplasia around the mouth of the eustachian tube, is it also indicated for other nasopharyngeal pathologic conditions, such as adenoid regrowths, lymphoid hyperplasia and chronic inflammations of the nasopharynx?

M.D., Arizona.

ANSWER.—Roentgenologists prefer roentgen therapy to radium therapy in diffuse lymphoid tissue in the nasopharynx as in adenoid regrowths and lymphoid hyperplasia. Sometimes combinations of radium and roentgen radiation are used in benign tumors in the nasopharynx. The nasopharynx has been considered the most important location for a primary focus of infection in the upper air passages. This is attributable to the rich content of lymphoid tissue in its mucous membrane. Chronic inflammation of the nasopharynx may be perpetuated by sinusitis, catarrhal or suppurative, of the posterior ethmoids or sphenoids or both.

In cases of chronic inflammation of the nasopharynx (excluding proved lymphoid hyperplasia and infection) investigation of the nose, sinuses, teeth, gingiva and fauces should be undertaken. Infection which is encountered should be thoroughly treated.

DIFFICULTY AFTER THYROIDECTOMY

To the Editor:—A patient had a thyroidectomy nineteen years ago. Since that time there has been a general tightening of the tissues at the site of operation. At present, there is a strong pull in several directions. When the patient speaks or swallows she has an uncomfortable feeling of constriction. She has been treated with negative galvanism, thiosinamine and iodides. All tests are negative. Her surgeon refuses to reoperate to relieve adhesions. I have been the family physician, and at present the responsibility is mine. What more can be done to relieve this tension?

Mary L. Rosenstiel, M.D., Freeport, Ill.

ANSWER.—Development of cancer in the remnant of thyroid tissue must be ruled out. Parathyroid tetany may be diagnosed by determination of an abnormal serum calcium level. If neither condition is present and the patient does not have difficulty in breathing, a sense of "tightening" may be disregarded. In most instances a sensation of tightening in the throat is associated with a functional nervous disturbance. Possible psychogenic factors in the patient's difficulty should therefore be explored.

CATAPLEXY

To the Editor:—A white woman, aged 27, began to have periods of excessive weakness during periods of laughter about one year ago. These have become more numerous and disabling. The spells cause complete relaxation of muscles, with the result that she drops dishes, glasses and on one occasion her child aged 3 months. What is the physiologic or pathologic diagnosis and can specific treatment be recommended?

M.D., Pennsylvania.

ANSWER.—The case described is a typical example of what is known as cataplexy. It is an organic condition due to a structural lesion in the corpora striata which frequently follows an attack of epidemic encephalitis. The original attack is often passed off as "influenza." It is allied with catalepsy, which often occurs in the same person. As the cause is structural, it is not easy to abolish the disease. Many of these persons are considered hysteric and are subjected to suggestion and psychoanalysis to little purpose. Often administration of racemic amphetamine sulfate ("benzedrine sulfate"), 5 mg. one, two or three times a day, will abolish attacks; however, it may be necessary to offset insomnia due to this treatment by giving pentobarbital sodium at night.

ATABRINE AND DEAFNESS

To the Editor:—What information is available on the relationship between "atabrine" and deafness.

David Bernstein, M.D., Brooklyn.

ANSWER.—Conversation with physicians who have used quinacrine ("atabrine") extensively, and reference textbooks give the impression that this drug does not injure the ear. This is different from what happens when quinine is used. In those instances in which quinine and quinacrine are used together it is reasonable to assume that the quinine caused the injury.

CHLORINE AND LYMPHOBLASTOMA

To the Editor:—A man aged 53 has generalized lymphadenopathy. Biopsy of an axillary node was studied and classified as a form of lymphoblastoma. Roentgen and supportative therapy have been utilized since June 1947. For a period of eleven years he had been exposed daily to varying concentrations of chlorine in a room where a chlorinator was in operation. His wife states that he had on numerous occasions suffered episodes of coughing, gasping for air and an abortive shocklike syndrome. An automobile parked outside of the work-room was noted to have some parts pitted. Pitting, after examination, was reported to be "due to chlorine." His family questions the possible relation of his disease to the eleven year exposure to chlorine. I have no adequate answer. What is the correct opinion?

William L. Bennett, M.D., Huntington, N. Y.

ANSWER.—The term chlorolymphoblastoma appears in medical literature and on occasion has given rise to the erroneous belief that chlorine may have been the etiologic agent. Instead, this term derives from the fact that in the condition mentioned certain tissues assume a greenish color. In no known instance has chlorine been accepted as the cause, and usually the condition arises in the absence of exposure to the element. The term lymphoblastoma does not refer to a pathologic entity but instead, in omnibus fashion, embraces a variety of somewhat similar conditions, some of known malignancy and others of apparent nonmalignancy. By some the leukemias are included in the general category, lymphoblastoma. It does not appear that exposure to chlorine contributed to the causation in this instance. In Hueper's "Occupational Tumors and Allied Diseases" (Charles C Thomas, Springfield, 1942) mention is not made of lymphoblastoma, although chlorine is cited as a result of work of others as possibly related to pulmonary neoplastic disease. Gilchrist and Matz encountered no evidence that the war gases, including chlorine, or any nonspecific chemical trauma might be incriminated in the development of any of the leukemias. No residual evidence of chronic myeloid or lymphoid leukemia was recorded among the 70,752 United States soldiers alleged to have undergone gas poisoning in World War I. With respect to pulmonary malignancy, uncertain data suggest that war gases, including chlorine, may have contributed to the causation of pulmonary cancer. Under experimental conditions several hundred dogs have been exposed for periods in excess of one year to high concentrations of chlorine without any significant permanent injury to the pulmonary tract. Nonetheless, epithelial metaplasias of bronchial mucosa have been reported by Ricker and Adelheim in animals exposed to chlorine gas. In the present instance no warrant exists for attributing the lymphoblastoma to chlorine. Chlorine is a highly active primary irritant, but before it reaches the blood stream it has been altered to harmless sodium chloride.

ACUTE COLLAPSE FOLLOWING SPINAL ANESTHESIA

To the Editor:—What are the references to literature regarding cerebral cortical changes that may take place with drop in blood pressure following spinal anesthesia with subsequent acute collapse and cardiac and respiratory failure? The patient recovers after a few minutes; begins to breathe and to have normal heart beat and blood pressure.

Is there evidence indicating that such persons through deprivation of oxygen to cortical cells will subsequently lead a vegetative existence without normal consciousness?

Milton T. MacDonald, M.D., New Bedford, Mass.

ANSWER.—Reference has been made many times in the literature to damage to the brain which followed use of various kinds of anesthetics and which resulted from a variety of conditions during anesthesia. C. B. Courville (Asphyxia as a Consequence of Nitrous Oxide Anesthesia, *Medicine* **15**:129-245 [May] 1936) has called attention to the damage to the brain which may follow the use of nitrous oxide and oxygen, and similar experiences have been reported in regard to the use of other anesthetics, including "pentothal sodium" and ether. It naturally follows that similar damage could occur as a result of collapse during spinal anesthesia. Some of the more recent references are to work by: Leonid Walter (Observations on Spinal Analgesia, *Current Researches in Anesth. & Analg.* **20**:132-144 [May-June] 1941); Stanton Belinkoff (Coma During and Following Spinal Anesthesia, *Ann. Surg.* **122**:278-286 [Aug.] 1945); E. M. Hämmes (Neurological Complications Associated with Spinal Anesthesia [Eight Cases], *Minnesota Med.* **28**:339-345 [April] 1945); Rölf Lium (Cardiac Arrest After Spinal Anesthesia: Report of a Case with Recovery, *New England J. Med.* **234**:691-692 [May 23] 1946), and A. B. Noble (Cerebral Anoxia Complicating Spinal Anaesthesia, *Canad. M. A. J.* **54**:378-379 [April] 1946).

A variety of results have been observed. In some cases the patient never regains consciousness and dies ten to twenty hours after resumption of breathing and after the return of pulse rate and blood pressure to satisfactory levels. Also, partial recovery, as well as full recovery, may occur.